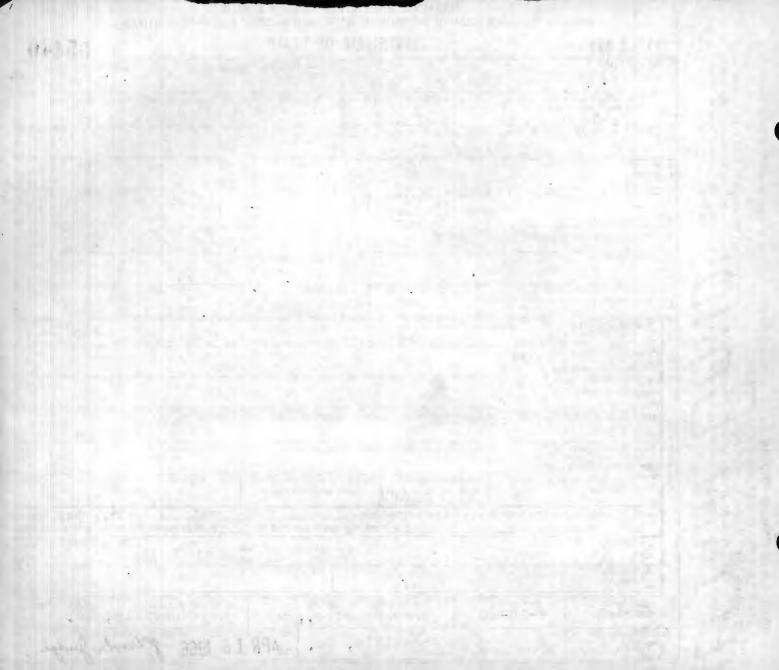
|                       | 05439   | CERTIFICAT                          |   | THE RESERVE AND THE PERSON NAMED IN | SALTIMUKE I,           | MARTI<br>05  | ARG           |               |
|-----------------------|---|-------------------------------------|---|-------------------------------------|------------------------|--------------|---------------|---------------|
| 1.                    | PLACE OF DEATH  | - Marian                            | 2. USUAL RESIDENCE                                | CE (Where deceased                  | lived, If institution: | Residence    | before admiss | ion)          |
|                       | a. COUNTY   |                                     | a. STATE  | han I'm                             | b. COUNTY              | ***          | M () 3477     |               |
| -                     | Montgomery  b. CITY OR TOWN (if outside corporate limits,   | MARYLAND    c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If                               | yland.                              |                        | ntgor        |               | um)           |
|                       | write RURAL and give nearest town)  |                                     |   |                                     |                        | rar olla Kli | o licalest to | witz          |
| _                     | Olney   | 2 days                              | l   | er Sprin                            | g                      | 15           | - 1           |               |
|                       | d. NAME OF HOSPITAL DR INSTITUTION (if not in he  | ospital, give street address)       | d. STREET ADDRESS                                 |                                     |                        | 6            | ON A FARM     | NCE<br>1?     |
|                       | Montgomery General Hosp   | ital                                | 13311   | Andrew !                            | Drive                  | Y            | ES ND         | personal live |
| 3.                    | NAME OF First DECEASED  | Middle                              | Lest  | 4. DATE<br>DF                       | Month                  | Day          | Year          |               |
|                       | (Type or print) Mildred   | 1NM91                               | Meorn   | DEATH                               | April                  | 1.6          | 19 66         | 5             |
| 5,                    | SEX 6. CDLOR OR RACE 7. MARRIED   | NEVER MARRIED                       | B. DATE OF BIRTH                                  | 9. AGI                              | (In years IFUND        | ER 1 YEAR    | IF UNDER 241  | HRS           |
|                       | female white WIDOWED  | DIVORCED                            | 8/2/91  | 7                                   | birthday) Months       | Days         | Hours M       | lin.          |
| 10                    | a. USUAL DCCUPATION (Give kind of work done) 10b. K   | IND DF BUSINESS OR                  | 11. BIRTHPLACE (C                                 | ounty & State, or fo                |                        | CITIZEN      | OF WHAT       | 13            |
|                       | 4 5 7 7   | NDUSTRY                             | 11/05 Fl. 2                                       | 7.C. W.                             | 2-3                    | COUNTRY      | 1             |               |
|                       | FATHER'S NAME   | lone                                | 1 14. MOTHER'S MAID                               | EN NAME                             | ment ele               | U.S.         | A.            | -             |
|                       | denoun GEORGE WEST  | 11 0.1                              |   | -11-                                | -ANT                   | 7/           | 111           |               |
|                       |   | HOORN                               | maknosa Z   | -LLA )                              | ANE C                  | 100          | GH            |               |
| (Ŷ                    | es, no, or unkown) (11 yes give war or dates of service)  | ILEC S                              | INFORMANT AC                                      | orn. L                              | Address                | w Dr         | 1110          |               |
| un                    | almown No! None Im  | known                               | Hospital re                                       | cords 5                             | Luce Spri              | ma J         | Ma            |               |
|                       | 18. CAUSE OF DEATH [Enter only one cause per li   | ine for (a), (b), and (c).1         | )   | ,                                   | ,                      | INTE         | RVAL BETWE    | EN            |
|                       | PART I. DEATH WAS CAUSED BY:  | - May t                             | wender  | mis                                 |                        | 12           | - Alu         |               |
|                       | 4 7 X DUE TO  | Jan Act                             |   |                                     |                        |              | -14-14        |               |
|                       | Conditions If any which I   |                                     |   |                                     |                        |              | (1            | 1             |
|                       | gave rise to immediate  | 100                                 | ,   |                                     |                        |              |               | 9-            |
|                       | cause (a), stating the DUE TD   | 13                                  | Ç 4-  |                                     |                        |              |               |               |
| Z                     | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU  | ITING TAREATH QUIT NOT DEL          | TER TR THE TERMINAL (                             | DISTACE CONDITIO                    | MCIVEN IN PART 1/      | a) 119.      | WAS AUTOP     | SY            |
| MEDICAL CERTIFICATION | PARTIT. OTHER SIGNIFICANT CONDITIONS CONTRIBE   | 11                                  |   | DISEME CONDITIE                     | O e. e e               |              | PERFORMED     | ?             |
| FIC                   | PADCX LONDI   | Lances of                           | rasan w   | x 47/2                              | XXX                    | YE           | S ND          | Ш             |
| RT                    | 20a. ACCIDENT WAS UNDERLYING   20b. I DR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | DESCRIBE HOW INJURY DOCL            | IRRED. (Enter nature of                           | f Injury in Port i                  | or Part II of Item     | 18.)         | , .           |               |
| 3                     | (IF EITHER, NOTIFY MEDICAL EXAMINER)  |                                     |   |                                     |                        |              |               |               |
| SA                    |   |                                     | CE OF INJURY (Home, fary, street, office bldg., e |                                     | or town) (C            | ounty)       | (State        | 2)            |
| 03                    | Hour a.m. While p.m. 19 at work   | Not walle                           | ry, street, unice diag., e                        | 1 1                                 | 1 . /                  | ,            |               |               |
| 2                     |   |                                     | 2 17  | 06 10 1                             | The 16                 | 45           | at (I) (we)   | lac           |
|                       |   | ed the diceased from                |   | 1.20P                               | ne causes and on       |              |               |               |
|                       | saw the doceased alive on 22a. SIGNATURE  | , allu tila                         | death occurren at                                 |                                     |                        | DATESIA      | -1-6-         | DIG           |
|                       | Les Siding Man  |                                     | ATTENDING A                                       | MED.                                | TAFF -                 | 117          | 7764          |               |
|                       | 22c. PHYSICIAN'S  | M.E                                 | PHYS.   | DIRECTOR L                          | PHYS.                  | 1            | 1             | _             |
|                       | NAME (Type) Charles H. Ligo   | on. M.D.                            | ZZG: ABDIVEOU                                     | Sandar C                            | nd na Ma               | ,            | '             |               |
| -                     |   |                                     | 00 0051147007                                     | 30                                  | ring, Md.              | annan'i      | (State)       |               |
| 23                    | REMOVAL (Specify)   | 23. NAME OF CEMETERY                | OR CREMATURT                                      | Washing                             | ON (City, town or      | >            | (51816)       |               |
| -                     | Burial 21 April 1966  | Stermond Come                       | teru Lore DE                                      |                                     | RI 25b. REGISTRA       | DIE CICN     | ATIIDE        |               |
| 24                    | FUNERAL DIRECTOR SHOWERS 8  | 434 Georgia Au                      | enue ZSa. REI                                     | O D OT KEGISIKA                     | ZOD. REGISTRA          | e A          | ATURE         |               |
| 6                     | Parner E. Pumphrey, The. S  | ilver Spring.                       | Md. DAPR  | 2 1 1966                            | Clean                  | My ye        | edge_         |               |
| -                     |   |                                     |   |                                     |                        |              | 0             | -             |

VR AIS (4) 20M 1/65

orthograph Dest The state of the s and the rese where there was a second to the second the second the later with the same of the La man wert volume All the world represent the contemporary pa A-4-4-A-4-4-3-00 12 19A

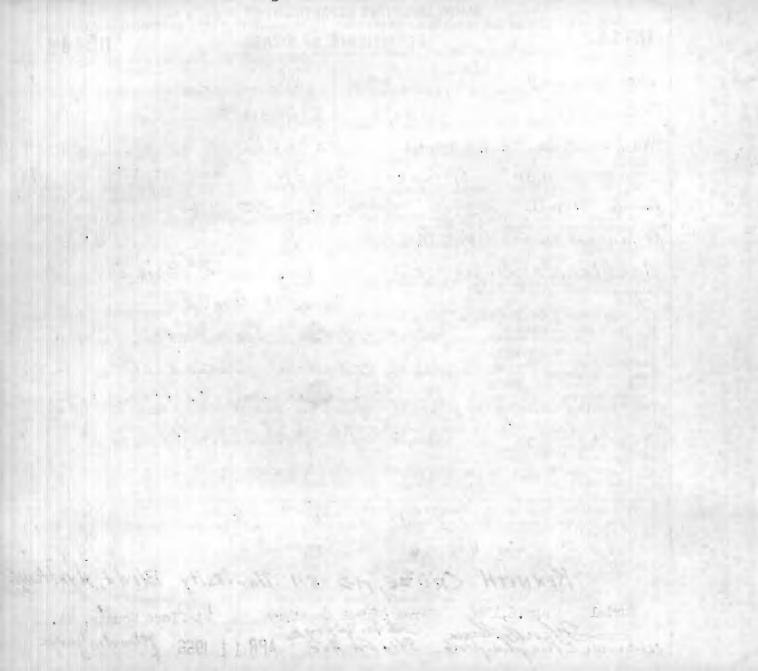
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05440 05440 funeral s 1 and 2 fter death. CV PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 1. PLACE OF PEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY papers. Pages 1 vin 72 haurs after in by In. Pages b. CITY OR LOWN (If outside conforcte limits, write BURAL and give peoper town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If aytside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) ON A FARM? STREET/ADDRESS within 72 filled YES NO NAME OF carban Middle First 4. DATE Dev Year campletely DECEASED OF Type or print DEATH eve S. SEX 6. COLOR OR RACI AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED DATE OF BIRTH remove birthdoy) Months Doys Hours WIDOWED DIVORCED in agr pup 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BHRIHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician a during most of working life, even if retired) INDUSTRY COUNTRY pup 13. FATHER'S MAME 14. MATHER'S MAIDEN NAME ar remaval, attending phys 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address permit. (Yes, no, or unknown) (If yes give war or dates of service) crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY CONSET AND DEATH remainderse IMMEDIATE CAUSE (o) DUF TO burial, Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stating the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending , page 3 should be detached for use as the be filed with the State Dept. of Health prior to lost. 19. WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate NO 20o. ACCIDENT WAS UNDERLYING [1] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) Hour o.m. Not While of work of work 1966 that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased from Coul 196630toll 1966, and that death accurred at 5 AM, from causes and on the date stated above. saw the deceased alive an Clari 2200 SIGNATURE 22b. DATE SIGNED ATTENDING STAFF M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, should by 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 4-16-66 REMOVAL (Specify) Brooke Grove .. Laytonsville. 2 25o. REC'D BY REGISTRAR hockville,



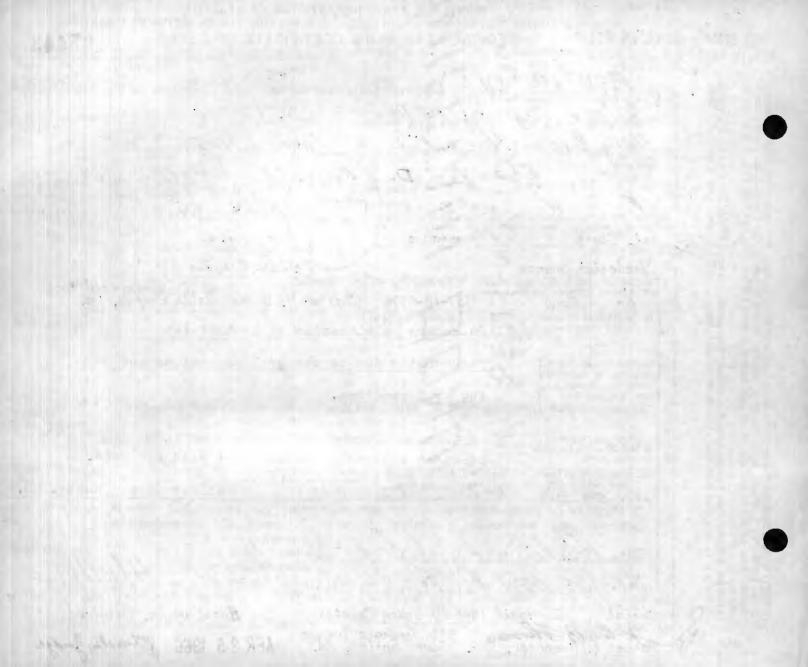
| 4 1 (M   | MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201   |
|--|--|
| FOR STATE  | 0544 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05441/  |
| HEALTH DEPT.   | 1. PLACE OF DEATH  o. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission)  d. STATE  b. COUNTY  MARYLAND   |
| ath. If any delay is ages 1, 2, and 3 to the farm PM3. Page State Department of 2 haurs after death.   | b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)  |
| Depart   | d. NAME OF HOSPITAL OR, INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?   |
| Pages 1, With farm with farm Fare De State De 72 haurs   | 3. NAME OF First Middle lost 4 DATE Month Day Year   |
| 24 haurs after death. If in Item 18. Give Pages 1, is Office along with farm is and 2 with the State De iny event within 72 haurs  | OF DEATH OF  |
| haurs ar<br>Item 18.<br>Office al  | Manths Days Hours Min.    Double   Divorced   1/2   20   lost birthday)   Manths Days Hours Min.   Double   Divorced   1/2   20   lost birthday)   Manths Days Hours Min.   Double   Divorced   1/2   20   lost birthday)   Manths Days Hours Min.   Double   Divorced   1/2   1/2   20   lost birthday)   Manths Days Hours Min.   Double   Divorced   1/2   1/2   20   lost birthday)   Manths Days Hours Min.   Double   Divorced   1/2   1/2   20   lost birthday)   Manths Days Hours Min.   Double   Divorced   1/2   1/2   20   lost birthday)   Manths Days Hours Min.   Double   Divorced   1/2   1/2   20   lost birthday)   Manths Days Hours Min.   Double   Divorced   1/2   1/2   20   lost birthday)   Manths Days Hours Min.   Double   Divorced   1/2   1/2   20   lost birthday)   Manths Days Hours Min.   Double   Divorced   1/2   1/2   20   lost birthday)   Manths Days Hours Min.   Double   Divorced   1/2   1/2   20   lost birthday)   Manths Days Hours Min.   Double   Divorced   1/2   1/2   20   lost birthday   Manths Days Hours Min.   Double   Divorced   1/2   1/2   20   lost birthday   Manths Days Hours Min.   Double   Divorced   1/2   1/2   20   lost birthday   Manths Days Hours Min.   Double   Divorced   1/2   1/2   20   lost birthday   Manths Days Hours Min.   Double   Divorced   1/2   1/2   20   lost birthday   Manths Days Hours Min.   Double   Divorced   1/2   1/2   20   lost birthday   Manths Days Hours Min.   Double   Divorced   1/2   1/2   20   lost birthday   Manths Days Min.   Double   Divorced   1/2   1/2   20   lost birthday   Manths Days Min.   Double   Divorced   1/2   1/2   20   lost birthday   Manths Days Min.   Double   Divorced   1/2   1/2   20   lost birthday   Manths Days Min.   Double   Double   Divorced   1/2   1/2   20   lost birthday   Manths Days Min.   Double   D |
|  | during most of working life, even it retired) INDUSTRY Stally (COUNTRY?)   |
| d within in pencil Examine   | 13. FATHER'S MAINE 14. MOTHER'S MAIDEN NAME - TOMOSSINI  |
| be executed within "pending" in pendilinitief Medical Examine onsit permit. File poor ar remaval, and in   | 15. WAS DECEASED EVER INTO S. ARMED FORCES? (Yes, no, or unknown) by yes give wor or dates of service) 578-40-5240 (Wife - Jame as Elling)   |
| shauld be executed to ward "pending" is a the Chief Medical burial-transit permit.   | PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CEROMARY LAGO FREGUE AND DEATH  IMMEDIATE CAUSE (a) CEROMARY LAGO FREGUE AND DEATH  OBJET AND DEATH  OBJET AND DEATH  OBJET AND DEATH  |
|  | Canditions, if any, which gove ) (b) Copper and Apple in the Copper Section Se |
| ficate sling the ded ta  | rise to immediate couse (a), stating the underlying couse lost.  DUE TO  (c)   |
| This certificate shauld be executed cate, writing the ward "pending" is be forwarded to the Chief Medical be used as a burial-transit permit. It a burial, cremation, ar remaval,  | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/63.  |
| MEDICAL EXAMINER: This certificate shauld please execute the certificate, writing the ward director. Page 4 shauld be forwarded to the Cletained for your files.  DIRECTOR: Page 3 shauld be used as a burial-trained to the control of | 20a. EXTERNAL CAUSE WAS PRIMARY are CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  |
| AEDTAL EXAMINER: TI<br>ease execute the certifica<br>irector. Page 4 shauld be<br>rained for your files.<br>IRECTOR Page 3 shauld if<br>designated agent, priar  | 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While of work at work of two |
| AL EXA Execute r. Page I far ya OR: Pag  | 21. I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection 🕱, Inquiry 📉 and in my opinion  |
| DEPUTY MEDICAL EXAM sessory, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR. Page solth or its designated age   | ACTUAL OL & GALL CHIEF MEDICAL EXAMINER C  |
|  | SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER 4/2/66  EXAMINER'S  NAME (Type)  Address (Street, city, town, or county)  |
| TO DEPUTY necessory, the funero S may be TO FUNERA Health ar   | 230. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d/ADCATION (City or Town) (County) (State)  REMOVAL (Specify) 5 APR. 1966 MOUNT OLIVET EMETER! PSHINGTON OC.   |
| VR A15ME (5)   | 24. FUNERAL DIRECTOR  ADDRESS AL 120012 250 RECTO BY REGISTRAR SEGNATURE RINALD: FUNERAL HOME IN. 1400 GEORGIA HUE, N.W. DATE 5 1966  TUNERAL DIRECTOR   |
| WHI 17.00  | MINERAL INCRETIONET WE 1700 GEORGIE 1/01, 10.00. ONIT  |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH deal PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY a. STATE b. COUNTY hours after ontgeme MARYLAND by the b. CITY OR WOWN (if outside corporate limits. c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 1b papers. Page hin 72 hours a write RURAL and give nearest town) C ma tor d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give spreet address) e. IS RESIDENCE ON A FARM? within NO YES within carbon NAME OF First Middle lact DATE Month Day Year DECEASED (Type or print) DEATH 1966 executed 5. SEX 6. COLOR OR RACE 7. MARRIÉD [ 8. DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) Months Davs Hours WIDOWED [ DIVORCED A -05 10a, USUAL OCCUPATION (Give kind of work done i 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) ician 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY and COUNTRY? d by the attending physi-ransit permit. Then ples cremation, or removal, as FATHER'S NAME MOTHER'S MALDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) | (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by the burial-transit or to burial, crems ONSET AND DEATH PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART ((a) WAS AUTOPSY for use Health PERFORMED? YES NO F 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. Enter nature of injury in Part 1 or Fart 11 of Item 18.) etached f Dept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After d be d White Not While at work at work OR ATTENDIN DIRECTOR: A age 3 should lied with the 3 D 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on and that death occurred at 225 AM, from the causes and on the date stated above. 22a. SIGNAPURE 22b. DATE SICNED page ATTENDING PHYS. 4 may M.D. DIRECTOR PHYS. HOSPITAL director, pa should be fil PHYSICIAN'S 22c. 22d. ADDRESS NAME (Type) UNIJERS Page . BURIAL, CREMATION. CEMETERY LOCATION (CITY. 23d. town or county) 2 REMOVAL (Specify) pr.6.1966 Berea Church Cemetery FUNERAL DIRECTOR REC'D BY RECISTRAR 25b. VR A15 (4) 20M 1/65



| - Company 5  | ms 18-21 Film G378 MARYLAND STATE DEPARTMENT OF Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON   |   |
|--|--|---|
| FOR STATE  | MEDICAL EXAMINER'S CERTIFICATE   | · · · · · · · · · · · · · · · · · · ·                                       |
| HEALTH DEPT.   |  | E (Where deceased lived, if institution; Residence before admission)        |
|  | Mon Taomery MARYLAND   | a land b. COUNTY Mentgemory   |
| cessary, of the funeral ce 5 may be Department after death.  | CITY OR TOWN (IF our side corporate limits,   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (IF write RURAL and give nearest town)   | butside corporate limits, write RURAL and give nearest town)                |
| bepartm  | Silver Spring 15 Days Who  | eaton 15-1  |
| atte of  | NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS  | e. IS RESIDENCE<br>ON A FARM?   |
| State I State I State I  | MEDF/ Cross Hospital 1250/L  | ittleton STreet VES NO  |
| _ am en  | ME DE / First Middle Last CEASED PO OF PINT) F / Z F V P A   N T T   | 4. DATE Month Day Year OF DEATH APAIL 19 1966                               |
| E  | ~  | 00 49. AGE (In years   IFUNDER 1 YEAR   IF UNDER 24 HRS                     |
| Pages I<br>Pages I<br>Form<br>form<br>the within   | WIDOWED DIVORCED MAK TXXXX   | last birthday) Months Days Hours Min.                                       |
|  |  | ate or foreign country)   12. CITIZEN OF WHAT COUNTRY?                      |
|  | t. Clerk Insurance Virg  |   |
|  |  |   |
| 24 hours Hem 18 Office al  | rederick Duncan Melissa  | 7   |
| 24 Off   | S DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT, or unknown) (If yes give war or dates of service)  | 2827 Supperfield Road   |
| l within pencil is miner's permit.   | No   None   577-10-0536   Charles H. Dun   |   |
| ited with pencing Examiner Examiner is to perm or remo   | CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: Pulmonary embolization with  IMMEDIATE CAUSE (a)   | hilateral INTERVAL BETWEEN ONSET AND DEATH                                  |
|  | 9820   | 0.2.20.00.20.2  |
| d be exect<br>''pending'<br>Medical<br>burial-trar<br>cremation,   | nditions, if any, which   DUE TO   DUE  | contusions and  |
| should be<br>word "pen<br>Chief Med<br>as a buria<br>urial, crema  | re rise to immediate DUE TO  |   |
| E G FE   | derlying cause last. (c) subdural hematoma.  |   |
| ficate sho<br>the work<br>o the Chi<br>used as<br>to burial  | RT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D  | ISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES 10 NO 1 |
| + Se + Se +  | B. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of  |   |
| R: This cer<br>ate, writin<br>forwarded<br>3 should E<br>agent, prid   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Deceased allegedly beaten allegedly bea | out head and face.  |
| R: This ce<br>ate, writin<br>forwarded<br>3 should l<br>agent, pri   | TIME OF WILLIAM Month Day Year   20d INVIDY OCCUPANT 120e PLACE OF INVIDENTALISM   | rm, 2Df. (City or town) (County) (State)                                    |
| ication of a grant a g | Hour s.m.  OO XXXXXX 4/4 19 66 While at work at work Home  factory, street, office bldg., et   | Silver Spring Montg. Md.  |
| EXAMINER:<br>certificationld be fould be fould be for files.<br>les.<br>Rr. Page 3   | 21. I certify that I took charge of the remains described above, held an Autopsy 💢,  | Inspection , Inquiry , and in my opinion                                    |
| EXAMINEE<br>the certifica<br>4 should be<br>ar files.<br>CDOR: Page<br>designated  | leath resulted from: Natural causes 🔲 Accident 📝, Suicide 🔲, Homicid   |   |
|  | TUAL CHIEF MEDICAL ACCIONANT MEDICAL   |   |
| MEDIC<br>Secure<br>Page<br>for you   | MATURE M.D. ASSISTANI MED DERLY MEDICA   | TONE CAMBILLER  |
|  | AMINER'S 12 K) K/MO 11 N   | city, town, or county) 4/19/1966  |
| D DEPUTY<br>please edirector.<br>retained<br>of Health   | URIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY   | 23d. LOCATION (City, town or county) (State)                                |
| 5 9 9 5 5 6  | rist 122 Mpril 1866 Monocacy Cemetery  | Reallsville, Maryland   |
| Marian and   | K leng Stermes 8434 yeargia Huenne inn   | "D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE                                |
| VR AISME (5)   | rner E. Pumphrey, Inc. Silver Spring, Md. DATER  | 25 1966 Schooles Judge  |



|              | 1 ( įvi )  | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA   | PVI AND  |
|--------------|--|--|--|
| N. Carelland | 4 E24  | 05444 CERTIFICATE OF DEATH 05.   | 74i  |
|              | hours after death.  J in by the funeral s. Pages 1 and 2 hours after death.  | USUAL RESIDENCE (Where deceased lived, if institution: Residence a. STATE     b. COUNTY  | dence before admission)  |
|              | fter<br>the 1<br>ss 1<br>after   | Montgomery Maryland New Jersey   | The state of the s |
|              | Page   | write RURAL and give nearest town)   | d give nearest town)   |
|              | ed in ers.   | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  | e. IS RESIDENCE<br>ON A FARM?  |
|              | vithin 24 hours after c<br>letely filled in by the fu<br>rbon papers. Pages 1<br>, within 72 hours after c   | The Clinical Center, Bethesda, Md. 20014 77 Lower Notch Road   | YES ND X   |
|              | d within<br>mpletely<br>carbon<br>lent, with   | 3. NAME OF First Middle Last 4. DATE Month OF (Type or print) Carol Marie Alschen DEATH April  | Day Year   |
|              | ted can be can b | 5. SEX   6. COLOR OR RACE   7. MARRIED   7. NEVER MARRIED   8. DATE DE BIRTH   9. AGE (In years   15 UNDER 1)  |  |
|              | noex Page 1  | Female White WIDOWED DIVORCED 3 August 1939 26 yrs. Months D   | ays Hours Min.   |
|              | be e   | during most of working life, even if retired)   INDUSTRY   COU   | IZEN OF WHAT   |
|              | cate<br>ohysi<br>plea<br>al, a   | IBM Operator Unascertainable New Jersey U.  13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME   | S.A.   |
|              | ertifical Theoremore   | Albert Giannetti Ann Pache   |  |
|              | th ce<br>ttend<br>mit.<br>or n   | 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT he Medical Record (Yes, no, or unknown) (If yes give war or dates of service)   |  |
|              | dea<br>the a<br>pen<br>pen   | No 144-30-4203 The Clinical Center, Bethesda, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1   |  |
|              | GLAN: The law requires that the death certificate be executed within ospital or attending physician. Certificate has been signed by the attending physician and completely ned for use as the burial-transit permit. Then please the burial-transit permit. Then please the burial-transit with the of Health prior to bur II, cremation, or removal, and in any event, with   | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspiration of vomitus   | ONSET AND DEATH  |
|              | s that ysición ysición ysición ysición ysición y sición y | DUE TO   |  |
|              | phies  | Conditions, if any, which gave rise to immediate (b) Hepatic failure   | 3 weeks  |
|              | PHYSICIAN: The law requires that the hospital or attending physician. this certificate has been signed by detached for use as the burial-trane Bobt, of Health prior to burial, ore  | cause (a), stating the underlying cause last.  DUE TO Hodgkins Disease   | 2 years  |
|              | r attore fan<br>r attore ha<br>te ha<br>ise a<br>ith pi  | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   | 19. WAS AUTOPSY<br>PERFORMED?  |
|              | N. Thea tal o for I hea  | 20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  | YES NO   |
|              | PHYSICIAN;<br>the hospita<br>this certifi<br>detached fo<br>e Dept, of H   |  |  |
|              |  | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Count factory, street, office bidg., etc.)  p.m. 19 at work at work   | ty) (State)  |
|              | d by<br>After<br>d be<br>d be<br>d be<br>d be<br>d be<br>d be  |  | All the four last  |
|              | taine<br>taine<br>TOR:<br>hould  | 21. I certify that \$\frac{1}{2}\$ (this hospital) attended the deceased from March 21, 1966, to April 5, 1966 saw the deceased alive on April 5, 1966, and that death occurred at 12.4 m, from the causes and on the  | that ( (we) last date stated above.  |
|              | IRECTOR AT STREET STREE | 22a. SIGNATURE 22b. DAT  |  |
|              | TAL (may AL DAL Dag  | 22c, PHYSICIAN'S 1 22d, ADDRESS he Clinical Center, N  | il 1966<br>ational   |
|              | TO HOSPITAL OR ATTENDING Page 4 may be retained by TO FUNERAL DIRECTOR. After director, page 3 should be should be filed with the Stat   | Alexander A. Levitan, M.D. Institutes of Health, Bethesda  | _Md.20014  |
|              | Pag<br>Pag<br>TO Fl<br>dire<br>shon  | 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF |  |
|              | •  | Burial Apr. 6, 1966   Holy Sepulcher   Totova Coro New Address   252. REC'D BY REGISTRAR'S   250. REGISTRAR'S   Too. T. Byran Tho. 1966   Charles  | SIGNATURE  |
|              | VR A15 (4)<br>15M 4-64   | Jas. T. Ryan, Inc. 1 317 Pa. Ave., SE DC3 APR 7 1966 Charles   | Juage  |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05445 CERTIFICATE OF DEATH and 2 death. death. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY after attending physician and completely filled in by the frmit. Then please remove carbon papers. Pages 1, or removal, and in any event, within 72 hours after Montgomery New Jersey
c. City OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 hours days Bethesda Parlin
d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) The Clinical Center, Bethesda, Maryland NO Y YES 318 Ernston Road within 3. NAME OF First DATE Month Year Middle Day DECEASED OF DEATH 1966 (Type or print) John Ambrosio April 13 Thomas AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Hours | Min. 6. COLOR OR RACE DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED X Male DIVORCED August 1963 MIDOWED 179 IDa. USUAL OCCUPATION (Give kind of work done) 11. BIRTHPLACE (County & State, or foreign country) 12. CIT!ZEN OF WHAT 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) COUNTRY? USA None New Jersev Child certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lillian O'Brien Severino J. Ambrosio 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) 17. INFORMANT The Medical Records FO HOSPITAL OR ALLEADING by the hospital or attenung purposed.

FORE 4 may be retained by the hospital or attenung purposed by the attenuation, page 3 should be detached for use as the burial-transit permit. Should be filed with the State Dept. of Health prior to burial, cremation, or a should be filed with the State Dept. No None The Clinical Center, Bethesda, Maryland INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1 PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia 12 hours DUE TO Conditions, if any, which (b) Hydrocephalus and cerebral atrophy gave rise to immediate **DUE TO** cause (a), stating underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Aminoacidura YES X NO [ 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (State) 20d. INJURY OCCURRED (County) factory, street, office bldg., etc., Hour a.m. While OR ATTENDING P Not While at work at work 21. I certify that ID (this hospital) attended the deceased from February 27, 1966, to April 13, 1966, that ID (we) last 1966, and that death occurred a 4:45 M, from the causes and on the date stated above. saw the deceased alive on April 13 22b. DATE SIGNED 228. STGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 13 April 1966 M.D. PHYS. ADDRESS The Clinical Center, National PHYSICIAN'S NAME (Type) M.D. William D. Heizer. Institutes of Health, Bethesda, Md. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23d. LOCATION (City, town or county) (State NAME OF CEMETERY OR CREMATORY Gate of Heaven Cem Cem Hanover New Jersey 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Burial -tranist 4/ /66 24. FUNERAL DIRECTOR Pumphrey Bethesda, Md. VR A15 (4) 15M 4-64

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| 1/AA  | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,  | MADVIAND  |
|---|--|---|
|   | 05446 CERTIFICATE OF DEATH   | 05146   |
| after death. the funeral ges 1 and 2 after death.                         | 1. PLACE OF DEATH a. COUNTY A. STATE. b. COUNTY MARYLANO WITCHIEF MARYLANO  1. PLACE OF DEATH A. STATE. b. COUNTY MARYLANO WITCHIEF MARYLANO MARYLA | Residence before admission  |
|   | b. CITY OR TOWN (if outside corporate limits, write RUR.  write RURAL and give pearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RUR.  | AL and give nearest town  |
|   | d. NAME OF HOSPITAL OR INSTITUTION (H not in hospital, give street indiress)  Washington San. + Hospital  4709 Caldwell Ave  | e. IS RESIDENCE<br>ON A FARM?                                       |
|   | 3. NAME DF First Middle Last 4. DATE Month   | Oay Year  |
| executed within and completely fremove carbon parany event, within        | (Type or print)   // CFT   // Mac   Ancierson   DEATH         5. SEX     6. COLOR OR RACE   7. MARRIED   NEVER MARRIED     8. OATE OF BIRTH     9. AGE (in years if UND)   | 30 19 L L<br>ER 1 YEAR   IF UNDER 24 HRS<br>s   Oays   Hours   Min. |
| 9 5 7 5   | 10a. USUAL OCCUPATION (Give kind of work done 1 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12.   | CITIZEN OF WHAT   |
| physicia<br>physicia<br>n please<br>val, and                              | during most of working life, even if retired) INDUSTRY  Retired CITY EMPLOYEE Kentucky  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  | U.S.A.  |
| certifica<br>ding pl<br>Then<br>remova                                    | Isaac L. Hughes Mundy, ELLEN   | /   |
| E E   | 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 301-07-9/22 Wash San + Hosp Records  |   |
| the<br>Dy th<br>Insit   | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  TURNICULARY  EVILLOUIS UN  TO SUR  | INTERVAL BETWEEN ONSET AND DEATH                                    |
| es th<br>hysic<br>signe<br>urial-<br>urial-                               | Conditions, If any, which ) DUE TO Selevosis   | -   |
| requesting ding been the street.  | gave rise to immediate cause (a), stating the underlying cause last.  OUE TO  Obstance to underlying cause last.   | ,   |
|   |  | a) 19. WAS AUTÓPSY<br>PERFORMED?                                    |
| 2 =   | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 2 of CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   |   |
| ING PHYSICIAI d by the hospi After this cert j be detached State Dept. of |  | County) (State)   |
| ATTENDIN<br>retained I<br>COTOR: Aff<br>Should to<br>with the S           | 21. I certify that (i) (this hospital) attended the deceased from Charles (18, 1966, to April 30, 19 saw the deceased alive on April 30, 1966, and that death occurred at 1966, from the causes and on   | the date stated above   |
| ed See  |  | MU30,1966   |
| O HOSPITAL<br>Page 4 may<br>O FUNERAL<br>director, pag<br>should be fill  | 22c. PHYSICIAN'S LYSIE Williams. 22d. ADDRESS 83(University Blud E)  | Solver Spray 2  |
| TO HOSPITA Page 4 md TO FUNERAL director, p                               | 23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or REMOVAL (Specify) 5-1-66 MAURY (FM. RICHMON)  | county) (State)   |
| VR A15 (4)  | 24. FUNERAL DIRECTOR TOSEPH W. BLILEY ADDRESS 1250. REGISTRAR 250. REGISTRAR   |   |
| 20M 1/65  | 1 Achmond, Ja. John C. Shomas DAMAY 3 1968 John  | Or Judge  |

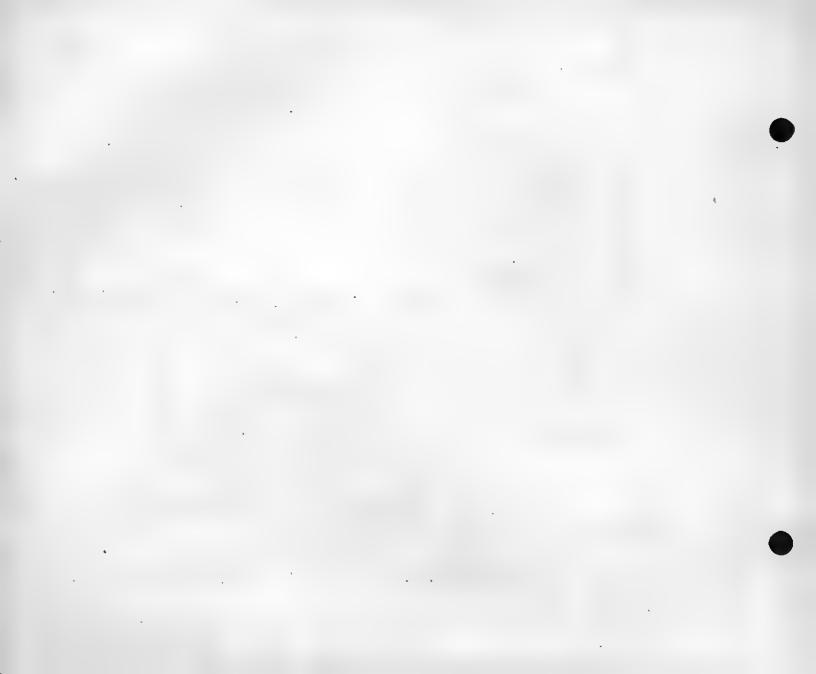
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|      | x/ 1   | 10   | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND   |
|------|--|--|--|
| -    | , A  | E 2/2  | 05447 CERTIFICATE OF DEATH   |
| 4.02 | death.   | death<br>death   | 1. PLACE OF DEATH a. COUNTY a. COUNTY DEATH a. COUNTY DEATH a. COUNTY DEATH DE |
|      | after  | ie 7-e   | MION GOMERY MARYLAN B. COUNTY MONTGOMER  |
|      |  | క్లాడ్డ్ క   | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  |
|      |  | d in<br>rs.  <br>2 hou   | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   d. STREET ADDRESS   e. IS RESIDENCE   |
| •    |  | mpletely filled carbon papers. ent, within 72 h  | HOLY CROSS HOSPITAL 1505 CONSTANCE ST YES NO DA  |
|      |  | completely<br>ve carbon p<br>event, withi  | 3. NAME OF First Middle Last 4. DATE Month Oay Year  |
|      | * ¬  | car<br>ent,  | (Type or print) JAMES (dvard ANDERSON DEATH HPRIL 16 1966  |
|      | The law requires that the death certificate be executed within or attending physician. | and control of the co | MARKIED MEVER MARKIED 10 124/18 [ast birthday) Months Oays Hours Min.  |
|      | <b>3</b>   | 2 9 E  | 102. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT   |
|      | . <u>Ö</u>   | lense in and in  | OWNER DIMMICS VELICATESSAN D.C.  |
|      | ifical   | artending physici<br>rmit. Then pless<br>n, or removal, all  | 13. FATHER'S NAME  |
|      | cert   | tending print. Then or removal   | Letcher (aleb Anderson Mary McClosky  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SDCIAL SECURITY NO.   17. INFORMANT   150 Address   1 |
|      | ath  | the atten<br>t permit.<br>lation, or l   | (Yes, no, or unknown) (Hyes give war or dates of service) 579-34-6112 Madeline J. Anderson Silver Spring Md.   |
|      | e de   | it pe  | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  |
|      | at th  | ned by the att<br>Il-transit perm<br>Il, cremation, (  | PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) BROOS HODOS WOON ON VO   |
|      | ss that hysician   | n signed<br>birial-tra<br>birial, cr   | Conditions, If any, which \ (1) Part of Part o |
|      | a la   | the billing the bi | gave rise to immediate (b)   |
|      | aw requi   |  | underlying cause last. (c) CHEST DEFORM ILES   |
|      | r aft  |  | PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONGIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?   |
|      | ± al □   |  | ELIANDECOLINGIA E CIORIE DECEDENTICI. YES IN NOT   |
|      | PHYSICIAN:<br>the hospital   | ils certilachild (sept. of   | 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)  BY COUNTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  |
|      | he h   | this co  | 20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm., 20f. (City or town) (County) (State)  |
|      | Se Se  | tat<br>Tat   | Hour a.m.    While   Not While   factory, street, office bidg., etc.)  |
|      | OR ATTENDIN  | the second   | 21. I certify that (I) (this hospital) attended the deceased from April 3, 1964, to April 161966, that (I) (we) last   |
| 4    |  | 15 E   | saw the deceased alive on Forit 16, 19.66, and that death occurred at 1159M, from the causes and on the date stated above.   |
| •    |  | page (   | M.O. PHYS. MEO. STAFF WHYS. WED.   |
|      | O HOSPITAL<br>Page 4 may   | FUNERAL<br>iregtor, p  | PHYSICIAN'S (harles Farwell, M. D.   22d. ADDRESS   11406 Viers Mill Rd. Wheaton Mr.   |
|      | HOS  | director,  | 23a. BURIAL CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)   |
|      | P :  |  | Berail 20 April 1966 Gate of Heaven Cenetery Silver Spring, Maryland   |
|      | 100  | an M   | 24. FUNERAL DIRECTOR SCORES SIGNATURE STATE OF SIGNATURE STATE S |
|      | VR A1<br>20M   |  | the F. Pumphrey, T.c. Silver Spring, Md.   DATER 21 1966 Journey Judge   |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05448 CERTIFICATE OF DEATH 24 hours after death. and deag PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) r filled in by the furpapers. Pages 1 and 72 hours after t b. COUNTY Montgomery Maryland Montgomerv MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Silver Spring DOA Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? within Holy Cross Hospital 1803 Everest Street NO X YES completely we carbon p NAME OF Middle Last DATE Month Day Year DECEASED event. **NMT** (Type or print) Margaret Anselmo 26, April DEATH 19 5- SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. remove execut any and Female White October 4, 1905 WIDOWED [ DIVORCED 60 NOa. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR = 11. BIRT HPLACE (County & State, or foreign country) attending physician rmit. Then please 12. CITIZEN OF WHAT please I, and ir during most of working life, even if retired) Dien Home COUNTRY? Housewife Washington, D.C. USA The law requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Joseph Cosumana Anna Geraci 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Daughter 16. SOCIAL SECURITY NO. permit. 6 (Yes, no, or unkown) | (If yes give war or dates of service) 1803 Everest St. No Anna M. Anselmo, 577-24-6989 cremation. None Silver Spring. the Maryland been signed by the the burial-transit p or to burial, cremati 18. CAUSE OF BEATH (Enter only one cause per line for (a), (b), and (c). ] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). ONSET AND DEATH TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. Aortic stenosis DUE TO Conditions, If any, which Mitral stenosis (b) gave rise to immediate DUE TO -cause (a), stating as th underlying cause last. FUNERAL DIRECTOR. After this certificate has ricetor, page 3 should be detached for use as nould be flied with the State Dept. of Health prior PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES Y NO F CERTIF 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 120e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. While at work Not While p.m. at work - 21. I certify-that (I) (this hospital) attended the deceased from. 1964 saw the deceased alive on www la .19 ( and that death occurred at 6.11 M., from the causes and on the date stated above. 22a. -SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF M.D. DIRECTOR 22c. PHYSICIAN'S ADDRESS director, p should be 1 22d. NAME (Type) Barton J. Gershen Edmanston Dr. Kockville. 23a. BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 2 Burial Gate of Heaven Cenetery Silver S pring. Maruland 24. FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25a. 2nc 20M 1/65



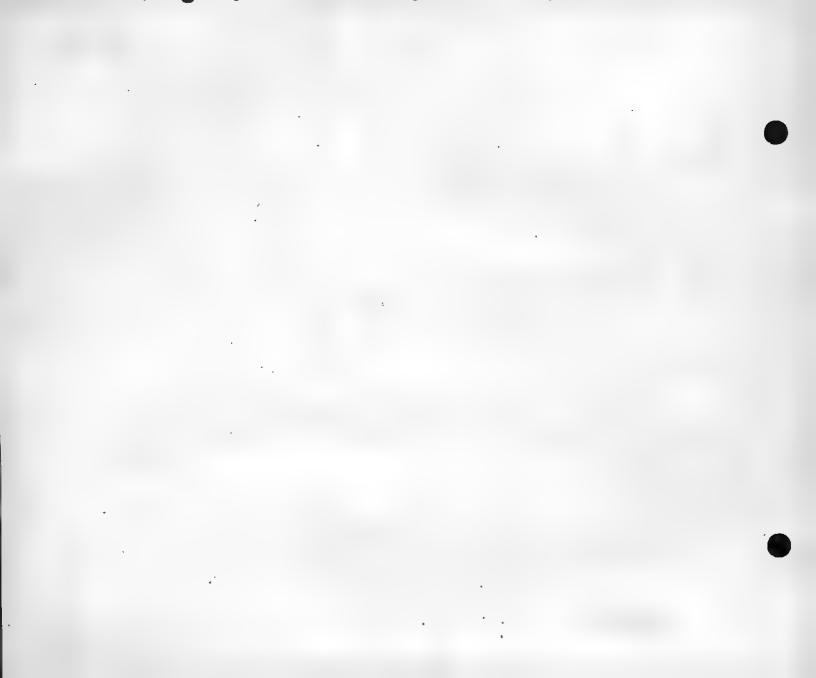
| afan . | 1/4  | (A)   | MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO  | ODE 4 MARVIAND                         |
|--------|--|-------|--|--|
| 1      | -0/2   | YIJ   | 05449 CERTIFICATE OF DEATH   | OS A A O                               |
|        | 24 hours after death. filled in by the funeral appers. Pages 1 and 2 n 72 hours after death?   |       | 1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If in  | estitution: Residence before admission |
|        | ir q   | - 1   | a. 31A1E(\(\gamma\)   \(\gamma\) 0. 600  |  |
|        | afte<br>the<br>ses<br>afte   |       | b. CITY OR TOWN (if putside corporate limits.   c. I FNGTH OF STAY IN ID.   C. CITY OR TOWN (if putside corporate limits.)   |  |
|        | urs<br>Pag   | - 1   | write KUKAL and give nearest town)   | , , ,                                  |
|        | hod is self it was a self it w | - 1   | d. NAME OF HOSPITALION (If not In hospital, give street address) d. STREET ADDRESS   | 6. IS RESIDENCE<br>ON A FARM?          |
|        |  | 7.    | Holy Cross Hospital 1915 for Street  | YES NO M                               |
|        | The law requires that the death certificate be executed within or attending physician. Cate has been signed by the attending physician and completely ruse as the burial-transit permit. Then please emove carbon leafth prior to burial, cremation, or removal, and it any event, with  |       | 3. NAME OF First Middle Last 4. DATE Month   |  |
|        | d wi   |       | (Type or print) NENNETH / Kusene Hediwcer, DEATH 4   | 10 1966                                |
|        | uter<br>cor<br>ove   |       | 5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO 8. OATE OF BIRTH 1978 9. AGE (In years last birthday)   | IF UNOER 1 YEAR   IF UNDER 24 HRS      |
|        | any any  |       | WILD THE WILDOWED OINORCED KOOODOC/805 71 KXKvrs.  |  |
|        | A Sept   |       | 102. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country lindustry)  11b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country)  10b. KIND OF BUSINESS OR Williampoot Mary And delivery and delivery lindustry.  | COUNTRY?                               |
|        |  |       | Investigator Calvart Loan Co. Williamport Mary In J d  | USA                                    |
|        | ifica<br>g ph  | - 1   |  |  |
|        | cert<br>Idin<br>Th   |       | James Engene Ardinger  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address Andres Security No. 17. INFORMANT  |  |
|        | eath certificate<br>attending physic<br>ermit. Then plea   |       | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, yo, or unknown) (If yes give war or dates of service) 578-05-9196 Mrs. The Ima Devault Guatty  |  |
|        | de:  |       | 18. CAUSE OF DEATH [Enter only one cause per line toc(a), (b), and (c).]   | - 0 0 0 0 0                            |
|        | the<br>by t<br>nsit  |       | PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)   | INTERVAL BETWEEN ONSET AND DEATH       |
|        | res that the physician. signed by ourial-transburial, cre  |       | 1 / 4 2 0  | 772160                                 |
|        | es t<br>sign<br>sign<br>uria<br>uria   | i     | Conditions if any which it   |  |
|        | duir<br>ng ng<br>ng p<br>to b  |       | gave rise to immediate (b)   |  |
|        | law requi<br>attending<br>has been<br>e as the b   |       | underlying cause last. (c)   |  |
|        | atte<br>atte<br>ba<br>ba<br>se a<br>sh<br>on bu  |       | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN   | PART 1(a) 19. WAS AUTOPSY PERFORMEO?   |
|        | The cate   |       | 10.8   | YES NO                                 |
|        | SICIAN; hospital certific  | 2     | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN  20a. ACCIDENT WAS UNDERLYING TO DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II o | of Item 18.)                           |
|        | S ce   |       |  |  |
|        | attenbing PHYSICIAN;<br>retained by the hospital<br>CTOR. After this certifi<br>should be detached to<br>ith the State Dept. of H  |       | 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town)   20f. (City or tow   | (County) (State)                       |
|        | ING<br>I by<br>After<br>be<br>Stat   |       |  |  |
|        | ATTENDI<br>retained<br>CCTOR. A<br>Should<br>vith the  |       | 21. I certify that (I) (this-hespital) attended the deceased from 1963, to Apr. 19   | Q, 1966, that (I) (we) last            |
|        | Short Short  |       | saw the deceased alive on 147 1966, and that death occurred at 2/16M, from the causes  | and on the date stated above.          |
|        | DR be  |       | ATTENOING TO MED. STAFF  | 4-10-66                                |
|        | may MAL D  | - ,   | 22c. PHYSICIAN'S NAME (Type) Dhilin H. Langt 10620 Contain Aug. 10620  | 11.11.10                               |
|        |  | _ / ] | NAME (1908) Philip H. Varner 10620 Georgia Ave., S.  | S., Md                                 |
|        | Page Page O FUN direct   |       | 23a. BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, the Burial (Specify) 14 April 1966 Arlington National Cem. Arlington.   | town or county) (State)                |
|        |  |       |  | Ja.                                    |
|        |  |       | Minute 8434 Yeorgia Hvenue   | REGISTRAR'S SIGNATURE                  |
|        | VR A15 (4)<br>20M 1/65   |       | Warner E. Pumphrey, Inc. Silver Spring, Md.   MARK I 3 1966 JC   | Carley Judge.                          |
|        |  |       |  | () 0                                   |



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 95450 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death filled in by the funeral papers. Pages I and thin 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE Maryland Montgomery b. COUNTY-MARYLAND b CITY OR TOWN (if autside carparate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) Bet lesda (rural) 36 days Bowie d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESTDENCE ON A FARM? U. S. Naval Hospital 12625 Millstream Drive YES NO THE NAME OF First Middie 4. DATE Last Month Day Year and completely OECEASED OF DEATH Pettry Arnett 1965 Nancy April 5 (Type ar print) SEX 6. COLOR OR RACE AGE (In years 7 MARRIED NEVER MARRIEO 8 OATE OF BIRTH IF UNDER 1 YEAR TIE JINDER 24 HRS last birthday) Haurs aux 21 Feb. 1935 Female WIOOWEO DIVORCEO Caucasian 10a USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working ite, even if retired) INDUSTRY COUNTRY? Education Packsville, W. Virginia School teacher U. S. A. 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME or remayal. Dewey Pettry Icie Williams 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT 12625 Millstrom Drive (Yes\_np, ar unknown) (If yes give war ar dates af service) 234-56-8121 Alvin Arnett Bowie Maryland crematian, 18. CAUSE OF OEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit p burial, crematia ONSET AND DEATH IMMEDIATE (AUSE (a) Rilateral Bronchopneumonia DUE TO Conditions, if any, which gave 1 (b) Metastatic levi leviejomyosarcoma rise to immediate cause (a). DHF TO stating the underlying cause as the prior ta by the haspital ar ottending has been last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? director, page 3 should be detached far use should be filed with the State Dept. of Health certificate YES XX NO 20g ACCIDENT WAS UNDERLYING [1] 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH After this certif d be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (State) (County) Hour a.m. factory, street, office bldg., etc.) Not While of work at work 21. I certify that (1) (this haspital) attended the deceased from Flaren 2 1900 to April ( 1900, that (1) (we) las Page 4 may be retained 1966, and that death accurred at 318P M, fram causes and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an April 22o. SIGNATURE-22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. April 8,1966 M.O. PHYS 22d. AODRESS 22c. PHYSICIAN S O HOSPITAL B. Mogain, M. D. NAME (Type) S. Naval Hospital. Bethesda, Md. 23d. LOCATION (City or Town) 230 BUR AL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL Specify Burial - transit 4-8-66 Family Cemetery (no name) Raleigh County, W. Virginia APR 1 9 75 AOORESSisconsin Ave 24. FUNERAL OIRECTOR 256 REGISTRAR'S GIGNAFURE A. Pumphrey Funeral Home VR A15 (4) 20 M 1/66 Bethesda, Maryland



| J  | 10   | MARYLAND STATE DEPARTMENT OF HEALTH  |
|--|--|--|
| - Annah - Anna |  | DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH   |
| Yb.  | death.<br>and<br>and<br>deafh.   | 80501  |
| and the  |  | a. COUNTY  a. STATE  b. CDUNTY   |
|  | after<br>the<br>ges 3  | b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest two)  b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest two)   |
|  | hours a d in by rs. Page   | b. CITY DR TDWN (If dutside corporate limits, write RURAL and give nearest town)  write RURAL and give nearest town)  SI UER SPRING 10 AAGS SPRING   |
|  | 24 ho<br>filled i<br>papers.<br>in 72 h  | d. NAME OF HOSPITAL OR INSTITUTION (if not principle) hospital, give street address) d. STREET ADDRESS   |
|  | ithin 24 h   | HOLY CROSS HOSP. 203 EAST SCAULER YES NOW  |
|  |  | 3. NAME OF First Middle Last 1.4. DATE Month Day Year  |
|  |  | (Type or print) Gus -1. BABEST DEATH 4 10 1966   |
|  | 7  | 9. AGE (In years   FUNDER 14 FER   FUNDER 24 HRS. last birthday) Months   Dave   House   Min   |
|  | in any   | 10a. USUAL DCCUPATION (Give Kind of work done) 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (Gourity & State, or foreign country) 12. CITIZEN OF WHAT   |
|  | Page 1   | during most of working life, even if retired industry  Restaurant ousliness  INDUSTRY  U.S.A.  |
|  | cate   | 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME   |
|  | aath certifica<br>attending ph<br>ermit. Then<br>on, or remova   | James Babest Stmata Retsinas   |
|  | (1) 44° Sq   | 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)  |
|  | e death<br>the atte<br>it permit<br>ation, or  | 222-09-7966 Bouis Babest same as #2  |
|  | sit the mark   | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH   |
|  | w requires that the tending physician. as been signed by the as the burial transit prior to burial, cremanically the second control of the second control  | IMMEDIATE CAUSE (a) 1/4 02.1/2 / EMAI 0/5 EASE   |
|  | physical signaturia surria   | Conditions, If any, which ) Diabeter mellilles many ors  |
|  | requir   | gave rise to Immediate Cause (a), stating the DUE TO   |
|  | ten<br>as<br>as<br>oric  | underlying cause last.   |
|  | N: The Islan or at | PART IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)  19. WAS AUTOPSY PERFORMED?  YES NOW  |
|  | Tal of tor for Hez   | 1. 208 ACCIDENT WAS INDERLYING TO 1.206 DESCRIPE HOW INDICATE A CONTROL OF TAXABLE PARTY OF |
|  | HYSICIAN: The late hospital or a this certificate etached for use Dept. of Health  | 20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH   20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)  Consider the property of the property of the part 1 of Item 18.)   |
|  | HYS<br>he h<br>this<br>etac<br>Dep   |  |
|  |  | State   20c. TIME DF INJURY Month, Day, Year   20d. INJURY DCCURRED   20e. PLACE DF INJURY (Home, farm, Part Plants)   20f. (City or town)   (County)   (State)   20f. (City or town)   (County)   (State)   20f. (City or town)   (County)   20f. (City or town)   20   |
|  | ATTENDING<br>retained by<br>CTOR: After<br>should be<br>rith the Stat  | 21. I certify that (i) (this hospital) attended the deceased from 1960 to 4110, 1966, that (i) (we) last   |
|  | OR ATTENDI<br>y be retained<br>DIRECTOR: A<br>age 3 should<br>iled with the S  | saw the deceased alive on 4/10 1966, and that death occurred at 1/1/45 M, from the causes and on the date stated above.  |
|  | be 3 a se  | ATTENDIAN MED CTAFF  |
|  | ITAL OR May be RAL DIR OR DIR DIR DIR DIR DIR DIR DIR DIR DIR DI   | 22c. PHYSICIAN'S 22d. ADDRESS  |
|  | OSPI<br>INCH<br>INCH<br>Ind b  | NAME (Type) Blaine H. Eig 8641 Colasville Road, Silver Spring  |
|  | TO HOSPITAL<br>Page 4 may<br>TO FUNERAL<br>director, pa<br>should be fi  | 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. LDCATION (City, town or county) (State)  |
|  |  | burial 1/13/66 Ft. Lincoln Cemetery Prince Georges County, Md ADDRESS 125a. REC'D BY REGISTRAR! 25b. REGISTRAR'S SIGNATURE ADDRESS 125a. REC'D BY REGISTRAR! 25b. REGISTRAR'S SIGNATURE  |
|  | VR A15 (4)   | The D. H. Hines Co. 2401-14 St. 4. M. APR 12 1966 Policy Judge   |
|  | 20M 1/65   | stashington All  |



| d | MIC.   | 1                     | Division of STATISTICAL PR   | MARYLAND STATE DEP                                      | ARTMENT OF HEALTH W. PRESTON STREET, BALTIN                         | IODE MADVI AND 21201   |
|---|--|-----------------------|--|---|---|--|
| 1 | 4 (M)  |                       | 05452  | CERTIFICATE   |   | (\5/15)  |
|   | funeral<br>ond 2<br>er death   | 1                     | PLACE OF DEATH-<br>O. COUNTY Montgomery  | MARYLAND  | 2 USUAL RESIDENCE (Where deceases o STATE Mary ton                  | l lived, if institut on Residence before admission)  b. COUNTY Mont garnes           |
|   | 24 haurs after ed in by the furpers. Pages 1 72 haurs after            |                       | b CITY OR TOWN (If autside carporate limits, write RURA and give natices town)  d. NAME OF HOSPITAL OR INSTITUTION (If not an bosoit | c LENGTH OF STAY IN 1b                                  | c CITY OR TOWN (If outside carparate                                | amits, write RURAL and give negrest tawn)  e. tS RESIDENCE                           |
|   | nin 24 ha<br>filled in<br>papers.<br>hhin 72 h                         |                       | Dubuckon 9   | Hospital  | 5908 Rolai  | ON A FARM? YES NO  |
|   | d with<br>etely i<br>prbon<br>nt, wit                                  | 3.                    | NAME OF DECEASED (Type or print) Harriet   | A Middle Bal  | Lost 4. DATE OF DEATH   | 14-23- Doy Year 1966   |
|   | execute and only only only only only only only only                    | L                     | SEX 6 COLOR OR RACE 7. MARRI<br>WIDOW  | /ED DIVORCED  | 4/28/1878 8   | AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  Jost b #thday) Months Days Hours M.n |
|   | tate be<br>sician an<br>olease ra<br>, and in                          | du                    | USUAL OCCUPATION (Give kind of work done ing gost of working life, even if retired)  FATHER S MAME                                   | L KIND OF BUSINESS OR  NOTIFIED TO FROM E               | 11 BIRTHPLACE (County & State, or fore Thanks MAIDEN NAME           | on country) 12. CITIZEN OF WHAT COUNTRY? 4.5A  |
|   | th certifica<br>ling physi<br>Then pl<br>remaval,                      |                       | Thomas à   | Levin   | anna  | Trundle  |
|   | attending permit. The  |                       | WAS DECEASED EVER IN U.S. ARMED FORCES?<br>es, no. as upknown) (If yes give war or dotes of service)                                 | do  | FORMANT<br>rughtio - as   | na Babington   |
|   | that than an. by the ransit  |                       | 18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a) DUE TO                            | for (o), (b) rond (c))                                  | 1 (Recentan   | Mirral Between Chief and Death   |
|   | The second   |                       | Canditrans, if any, which gave rise to immediate couse (a), stating the underlying couse (c) (c)                                     | terioselaros  | re garigne  | ne Right lig 3 me  |
|   | N: The law<br>ar attendi<br>ate has be<br>ar use as the                | CATION                | PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION  ANTENNAM F  | NG TO DEATH BUT NOT RELATED TO THE                      | E TERMINAL DISEASE CONDITION GIVEN                                  | IN PART 1(0)  19 WAS AUTOPSY PERFORMED? YES NO                                       |
|   | SICIA<br>Spitol<br>Sertific<br>ned fo<br>t. af H                       | MEDICAL CERT F CATION | OR CONTRIBUTING CAUSE OF DEATH<br>(IF EITHER, NOTIFY MEDICAL EXAMINER)   |   | nter noture af injury in Port I ar Part I                           |  |
|   | ING PHY ING PHY ING PHY Is the fice the detack that Deb                | MEDIC                 | Hour o.m.  | d. INJURY OCCURRED  thile Not While factor wark at wark | OF INJURY (Hame, farm,<br>y, street, office bldg., etc.)            | (City or town) (County) (State)  |
|   | AF GES   |                       | 21, I certify that (I) (this hospital) at saw the deceased alive on  | tended the deceased fram                                | <u>√ − / 9 − (c(a</u> 19 ta<br>death accurred at <u>(*00 P</u> , M, | from causes and on the date stated abave.  |
|   | OR ATTENI<br>be retained<br>DIRECTOR: A<br>ge 3 should<br>led with the |                       | 22a. SIGNATURE   | Chen MD   | ATTENDING MED. PHYS. DIRECTOR C                                     | STAFF 226 DATE SIGNED  PHYS.   4-23-66   |
|   |  |                       | 22c PHYSICIAN'S NAME (Type) / O / N O /  | POBBEN MI   | 22d. ADDRESS SUMMIT   | AVE, KENSINGTON, MD-   |
|   | Page 4 may TO FUNERAL I director, pag shauld be fil                    | L                     | BURIAL (REMAT.ON, 23b DATE THEREOF ACMOUNT (Specify) 4-27-66   | 23c NAME OF CEMETERY OR CE<br>MONOGAUY                  | EMETERY BEAR  | STION (City or Town) (County) (State)  |
|   | VIII A15 (4)<br>20 M 1/66  | 24                    | Tos, Yavelin Sons  | Pelashington &  | 250. REC'D BY REGISTRA DATA PR 96 19                                | 256. REGISTRAR'S SIGNATURE   |



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| L   | 0545   | }   |                         |                      | ERTIFICA   | TE      | OF DEATH   |                        |  | ()                        | 545                    | 33.                       |
|---|--|---|-------------------------|----------------------|--|---------|--|------------------------|--|---------------------------|------------------------|---------------------------|
| 1   | PLACE OF DEATH   |   |                         |                      |  |         | 2. USUAL RESIDENCE (                                   | Where deceosed         | d lived, if institut                     | on Residence              | e before o             | dmission)                 |
| 1   | d. COONT   | <i>lontgomery</i>                                       |                         |                      | MARYLAND   |         | o. STATE Wast  | hingtor                | 1, D. b & OUI                            | 411                       |                        | <b>√</b>                  |
|   | b. CITY OR TOWN (If outside corporate limits,            |   |                         | c. LENGTH            | c. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURA |         |  |                        | RAL and give                             | 4L and give nearest town) |                        |                           |
|   | Write RURAL and give nearest town) Bethesda (rural)      |   |                         |                      |  |         | Was  | shingt                 | on                                       |                           | 4.                     | 7 - 3                     |
| -   | d NAME OF HOSPIT   | AL OR INSTITUT ON (If n                                 | ot n hospit <b>a</b> l, | give street od       | dress)   |         | d STREET ADDRESS                                       |                        |  |                           | e i                    | S RESIDENCE<br>ON A FARM? |
|   | U. S. Na   | val Hospit  | al, Bo                  | thesda               | , Md.  |         | 4716 47th  | Street                 | N. W.                                    |                           |                        | □ NO 🔀                    |
| 3.  | NAME OF<br>DECEASED<br>(Type or print)                   | Harry   | rst                     | Willa                | nddle<br>rd I  | Baj     | Lost<br>Lley   | 4. DATE<br>OF<br>DEATH | Mont<br>April                            | h<br>16                   | Doy                    | Year<br>19 66             |
| S.  | SEX  | 6 COLOR OR RACE   | 7 MARRIED               |                      | R MARRIED  | _       | B. DATE OF BIRTH                                       |                        |  | IF UNDER 1                |                        | UNDER 24 HRS              |
|   | Male   | Caucasian   | WIDOWED                 |                      | DIVORCED   | :       | 30 Jan. 188  | 8 78                   | AGE (in years<br>1st birthday)<br>3 yrs. | Months                    | Doys F                 | Hours Min                 |
| 10a   | USUAL OCCUPATION   | (Give kind of work done de, even if refired) Ty retired | 106                     | KIND OF BUSIN        | ESS OR   | 1_2     | 11. BIRTHPLACE (County<br>Bristol,                     | & Stote, or fore       |  |                           | IZEN OF WI<br>INTRY?   |                           |
|   | FATHER S NAME  | y rectred   |                         |                      | _  |         | 14. MOTHER'S MAIDEN                                    |                        |  | 1 0,                      | De.                    | Z'i o                     |
|   |  | R. Bailey   |                         |                      |  |         | Margaret   |                        | thers                                    |                           |                        |                           |
| 15  | WAS DEVENOED DUE   | Thirtie a Daarn Conderer                                | 1 16                    | , SOCIAL SECUR       | STY NO 1   | 7. 1    | NFORMANT   | 0000                   | 74716Addre                               | 47th 5                    | tree                   | £                         |
| (Y  | es, no, or unknown)                                      | (If yes give war or dates                               | of service)             | To a control of Care |  |         | a. Anna M.   | Bailev                 |  |                           |                        |                           |
| 4   |  | ATH (Enter only one co                                  |                         | or (a) (b) and       |  | dela s. | 3 * ***********************************                | 2012303                | HOLD CLULA                               | 5,0011,                   |                        | AL BETWEEN                |
|   | PART I. DEAT   | H WAS CAUSED BY:  | T                       |                      | al pneu  | mc      | nia  |                        |  |                           |                        | AND DEATH                 |
|   | 334  | IMMEDIATE CAUSE   | (0)                     |                      | CA Proc  |         | 35 (4)   |                        |  |                           | -                      |                           |
|   | Conditions, if any,                                      | ,   |                         | erebra               | l Arter  | ic      | sclerosis  |                        |  |                           |                        |                           |
|   | nse to immediate couse (o), storing the underlying couse |   |                         |                      |  |         |  |                        |  |                           |                        |                           |
|   | last.  | If mig couse  | (c)                     |                      |  |         |  |                        |  | - 1                       |                        |                           |
| PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3(a) |  |   |                         |                      |  |         |  |                        | <del></del>                              | 19 W#                     | AS AUTOPSY<br>REORMED? |                           |
| ATIO  |  |   |                         |                      |  |         |  |                        |  |                           | YES                    | NO [                      |
| CERTIFICATION   |  | UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)            | 205. 0                  | DESCRIBE HOW         | INJURY OCCURR  | ED. (   | Enter nature of injury in                              | Port I or Port         | II of item 18.)                          |                           |                        |                           |
| MEDICAL   | 20c. TIME OF INJU  | RY Month, Doy, Yeor                                     | 20d<br>While            |                      | hile   |         | E OF INJURY (Home, formany, street, office bldg., etc. |                        | (City or town)                           | (Cour                     | nty)                   | (Stote)                   |
|   | 21. I certi  | y that (I) (this ha                                     | spital) atte            | nded the de          | eceased fram   | n_A     | pril 3, death accurred of                              | 19 <u>66</u> , ta      | April                                    | 16, 19 <u>6</u>           | 6, that                | (I) (we) la               |
|   | 220. SIGNATURE   | ceused dilve dil_                                       | 0.1                     | 17                   |  |         |  |                        |  | 22b. DA                   | TE SIGNED              |                           |
|   | 22c. PHYSIPIAN'S   | AMS LOS   | and that                | mil                  | es   | M.D     | ATTENDING PHYS.  | MED.<br>DIRECTOR [     | STAFF E                                  |                           | pril                   | 1966                      |
|   | NAME (Type   | ) & XXXXXX  | XXXXXXX                 |                      |  |         | U. S. Na   | val Hos                | pital B                                  | ethesd                    | a, Mo                  | d.                        |
| 23  | BURIAL, CREMATIC   | N, 23b. DATE TH   | EREOF                   |                      | e of cemetery<br>ngton Na  |         |  |                        | ATION (Gity or To                        |                           | (County)               | (Stote)                   |
| 2   | 4 FUNERAL DIRECTO  |   | 5120 1                  |                      | PEN Aver   |         |  | D BY_REGISTRA          | R 25b RE                                 | GISTRAR'S SH              | GNATURE                |                           |
|   |  | ler & Son   | -                       |                      |  | 1161    | DATE   |                        | 966 8                                    | liarle                    | to Jac                 | 190                       |
| 1   | _  |   | wasnii                  | ngton.               | D. C.  |         | DAIL   | - M O 1                | JUG //                                   |                           | ·                      | 0                         |

VR A15 (4) 20 M 1/66

O HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending parescandand campletely filled in by the funera director, page 3 shauld be detached far use as the burial-transit permit. They please remaye carbon papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in any eyent, within 72 hours after dept

and campletely filled in by the funeral remave carbon papers. Pages 1 and



DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05454CERTIFICATE OF DEATH hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY. MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Silver Spring Konninston d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE any event, within 72 ON A FARM? 9920 Moss Avenue YES NO X **■ompletely** NAME OF DATE Month DECEASED 1966 (Type or print) DEATH 7 hamas 5. SEX 6. COLOR OR RACE DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR last birthday) | Months | Days FUNDER 24 HRS WIDDWED TO DIVORCEDÃ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Ket. Builder & Contractor 13. FATHER'S NAME MOTHER'S MAIDEN NAME 17. INFORMANT Moss Huenne 16. SOCIAL SECURITY NO (Yes, no, or unkown) | (If yes give war or dates of service) 578-16-7118 Rosalie Maruland INTERVAL BETWEEN 18. CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c) CONGESTIVE HE ART FAILURE ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed by IMMEDIATE CAUSE (a) DUE TO ARTERIOSCICRITIC HEART buri Conditions, if any, which gave rise to immediate ARTERIOSCLE ROSIS DUE TO cause (a), stating the GENERALIZED underlying cause last. this certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUY NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health PERFORMED? CERTIFICAT ARTERIOSCLE RESIG No X YES . 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJUSY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) ö detached OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (this hospitel) attended the deceased from JAN VARY 19 61, to APRIL /3. 196 €, that (1) (we) dast TO FUNERAL DIRECTOR: 1966 and that death occurred at 2 10 M. from the causes and on the date stated above. saw the deceased alive on APRIL 22a/ SIGNATURE 22b. DATE SIGNED page : ATTENDING PHYS. MED. STAFF PHYS. APRIL M.D. 22d. ADDRÉSS 22c. PHYSICIAN'S director, p should be f & WISCHSIN NAME (Type) AVE, BETHES DA Page 4 BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) Lincoln XXX Cemetery PAINTO GODAGO (n 24. FUNERAL DIRECTOR 8434 Georgia Avenue Punchreu Inc. Silver Spring 15M 4-64



MARYLAND STATE PARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05455 CERTIFICATE OF DEATH funeral and 2 death 24 hours after death 2. IISUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Montgomery ve carbon papers. Pages 1 event, within 72 hours after Marvland Montgomery MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) Silver Spring Rockville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS Apt. 718 ON A FARM? 261 Congressional Lane NOT Holy Cross Hospital YES letely DATE 3. NAME OF Day First Middle DECEASED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min (Type or print) CHARLEY BARBER DEATH 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH remove and /1895 Male White WIDOWED [ DIVORCED [ lease re and in a 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician ■ please r during most of working life, even if retired) **HNDUSTRY** COUNTRY? Supervisor Inventory U. S. Gov. Mintonville. Kentucky ath curt cat 13. FATHER'S NAME MOTHER'S MAIDEN NAME iding phy The preparation of th transit permit. The cremation, or remo Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Congressional La. 16. SOCIAL SECURITY NO (Yes, no, or unkown) (If yes give war or dates of service) 577-60-3580 Marie P. Barber Rockville, Md. 18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH n signed by to burial-transit burial, crema PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4201 DUE TO Examine Conditions, If any, which een gave rise to Immediate the **DUE TO** cause (a), stating the prior underlying cause last. 88 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? ICAT ره YES O 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached f e Dept. of Medi 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. with MEDI While Not While After at work at work 21. I certify that (I) (this hospital) attended the deceased from Mall TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the saw the deceased alive on ..... and that death occurred at. M. from the causes and on the date stated above. eared 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. 22c. PHYSICIAN'S 22d. NAME (Type) Edmanston Dr. Rockville, Md. Barton 9 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. 23b. April 1966 Arlington National Arlington, Va. (en. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR umphrey. nc. VR A15 (4) 20M 1/65

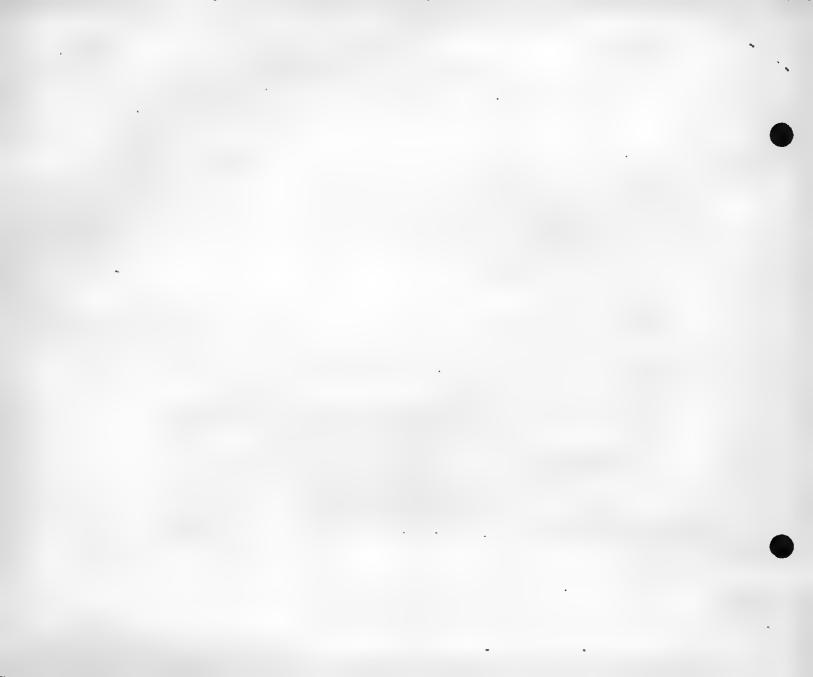




| <b>炒</b> 1 ½   | DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND   |
|--|--|
|  | 05457 CERTIFICATE OF DEATH 05457   |
| funeral death  | 1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)   |
| a e e  | Wanter ruce Co Maryland Md Monter MERCI  |
|  | b. CITY OR TOWN (if outside corporate limits, write RURAL and give mearest town)    C. LENGTH OF STAY IN 1b   C. CITY OR TOWN (if outside corporate limits, write RURAL and give mearest town)   |
| in hou   | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS   |
| 24 hours<br>filled in<br>papers,<br>in 72 hou  | Vice miston Greature Justaneline 1405 FARREII PRIVE YES NO X   |
| within 24 the pletely filled arbon paper.  | 3. NAME DE First Middle Last , 4. DATE Month Day Year  |
| d windle cark  | (Type or print) (LOSELL) (JASMAN DEATH Y-11  |
| executed within and completely fremove carbon pranary event, within  | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 8. Lest birthday) Norths Days Hours Min.   |
|  | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?  |
| ficate be ephysician physician please recovery   | 13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  |
| sertifica<br>ding ph<br>Then<br>remova   | MORRIS BASINAN Unknown   |
| cer<br>andir<br>t. T   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? \$ 16, SOCIAL SECURITY NO. 17. INFORMANT Address Chica Character Willy   |
| that the death certificate be siclan. ned by the attending physician al-fransit permit. Then please al, cremation, or removal mass   | (Yes, no, or unknown) (If yes give war or dates of service) 122-24-2112) Mas Gon Care 8403 FABREIL DRIVE   |
| at the deat<br>lan.<br>d by the at<br>ransit pern  | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH  |
| at t<br>lian.  | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Insufficiency odoes   |
| requires that the ding physician. been signed by the burlal-transit or to burlal, cremin   | Conditions, if any, which DUE TO Cerebral Vancellar Accident 3/2 mo  |
| PHYSICIAN: The law requires that the hospital or attending physician, this certificate has been signed betached for use as the burial-trane Dept. of Health prior to burial, cre | gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  (c) Pulmonary Emphy rema 10+ YRS   |
| atten<br>atten<br>e has<br>se as<br>th prio  |  |
| The last or a ficate or use lealth   | E Ce Re back Anterio scleroris; Anderioscherote Heart Distase VES NO 14  |
| ician: The la<br>nospital or att<br>certificate hi<br>thed for use a   | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  PERT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  PERT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  PERT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  PERT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  PERT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  PERT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  PERT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  PERT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (0)  PERT II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (0)  PERT II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (0)  PERT II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (0)  PERT II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (0)  PERT II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (0)  PERT II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (0)  PERT II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (0)  PERT II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (0 |
| ING PHYSICIAI<br>I by the hospi<br>After this cert<br>be detached<br>State Dept. of  | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While at work et work et work  |
| DING P<br>ed by t<br>After<br>Id be d<br>e State   | p.m. 19   at work   et work   et work   21.   certify that ( ) (this hospital) attended the deceased from 1950 to April 1960 that ( ) twe last   |
| ATTENDIN<br>retained  <br>CTOR: Af   | saw the deceased alive on 4-20-1966, and that death occurred at 13AM, from the causes and on the date stated above.  |
| DOR A DE LE CE 3 3 ed will sed will  | 222 SUSPICIONE  ATTENDING MED. STAFF 22b. DATE SIGNED  4-2-66  |
| AL (AL DAL DAL DAL DAL DAL DAL DAL DAL DAL D   | 22c. PAYSICIAN'S - 1 22d. ADDRESS  |
| HOSPITAL<br>Page 4 may<br>FUNERAL I<br>director, pag   | NAME (Type) FRANCIS J. MURRAY 1601 18 MS+ NW   |
| Page 4 may be retained TO FUNERAL DIMECTOR: A director, page 3 should should be filed with the   | 23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)   |
|  | Removal 4-21-1966 - Unarieston W. Va   |
| VR A15 (4)   | Joseph Jawler's NS ons Wash DC. DAPR 25 1966 Charles Judge   |
| 15M 4-64   | The state of the s |



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05458CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. the attending plysician and campletely filled in by the funeral sit permit. Then please reamove carban papers. Pages I and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND c LENGTH OF STAY IN 16 c. CITY OR TOWN aufside carparate limits, write RURAL and give negrest town) write RURAL and give nearest town) Rockville d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? 203 iversit oma YES NO TO 3 NAME OF Middle DATE Loss Month Doy Year DECEASED Fred OF DEATH ·eo pril 9494 21 19 66 Type or print S SEX IF UNDER I YEAR 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE { n years IF UNDER 24 HRS. last birthday) Months Days Hours Male WIDOWED DIVORCED 10a, LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if refired) INDUSTRY COUNTRY? 1.54 Elletts ville Indiana Haman 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, ar remayal, 16. SOCIAL SECURITY NO 17. INFORMANT Address Bea Woods James 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). signed by the burnal-transit p DISEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO NCEPHALOMAL A.C.IF Conditions, if only, which gove nse to immediate cause (a). DUF TO stating the underlying cause as the O FUNERAL DIRECTOR: After this certificate has been ESSENTIAL 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO 205. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part 1 or Port II of Item 18.) 200 ACC DENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Heur o.m foctory, street, affice bldg., etc.) Not While at wark 21. I certify that (I) (this hospital) attended the deceased fram fet 1961, to April 21, 1966 that (I) (we) last saw the deceased alive on RPRIL 21 1966, and that death accurred at 11 de M, fram causes and on the date stated above. 21, 19.66 that (I) (we) last director, page a such the saw the deceased alive on BRRIL 21 220/SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. M.D. PHYS PHYSICIAN'S 22d. ADDRESS NAME (Type) KOCK VILL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION 23b DATE THEREOF (County) (State) B PENOVAL (Specify) 4-25-66 Silver Spring. Gate of Heaven Md. 25b. REGISTRAR'S SIGNATURE ADDRESS 2Su. RECD BY REGISTRAR 24 FUNERAL DIRECTOR Bethesda, Maryland Robert A. Pumphrey.

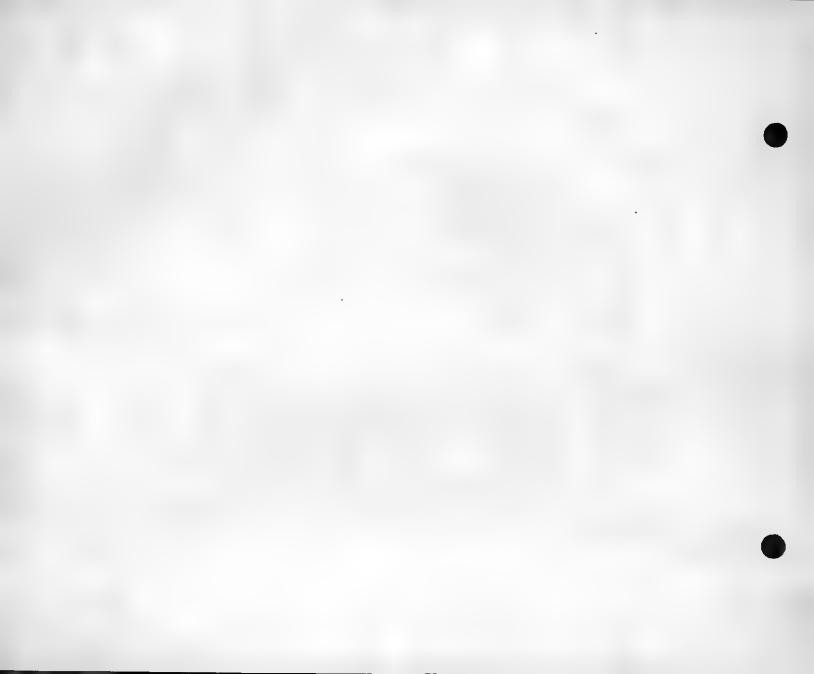


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05459 CERTIFICATE OF DEATH 24 haurs after death. by the funeral Pages 1 and 2 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b EITY OR TOWN (if outside comporate limits. c CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) THESDA IS RESIDENCE ON A FARM? INSTITUTION (If not in hospito, give street address) d. STREET ADDRESS filled in YES NO P law reaures that the death certificate be executed within NAME OF DECEASED Middle Lost DATE Month Doy Year OF DEATH (Type or print) S SEX IF UNDER TYEAR B. DATE OF BIRTH 9 AGE n veors IF JNDER 24 HRS 7 MARRIED **NEVER MARRIED** last birthday) DIVORCED WIDOWED 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or fore an country) INDuSTRY COUNTRY? 14. MOTHER'S MAIDEN NAM 13 FATHER'S NAME ewell WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO **INFORMANT** (Yes, no. or unknown) (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave " rise to immediate cause (a), DUE TO stating the underlying cause has been WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) FICATION NO this certificate 20a. ACCIDENT WAS UNDERLYING □ 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) CFRT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dt. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. (City or town) (County) (State) Not While factory, street, affice bldg, etc.) O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased framula. and thor death accurred at 7 saw the deceased olive on G M, fram causes and an the date stated above. 22o. SIGNATURE ATTENDING MED DIRECTOR director, page 3 should be filed v M.D PHYS ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. toCATION (City or Town) 230. BUR AL, CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify) Rockvil Parklawn Cemetery ADDRESS 250. REC'D BY REGISTRAR Wash. DC. VR A15 (4) 20 M 1/66

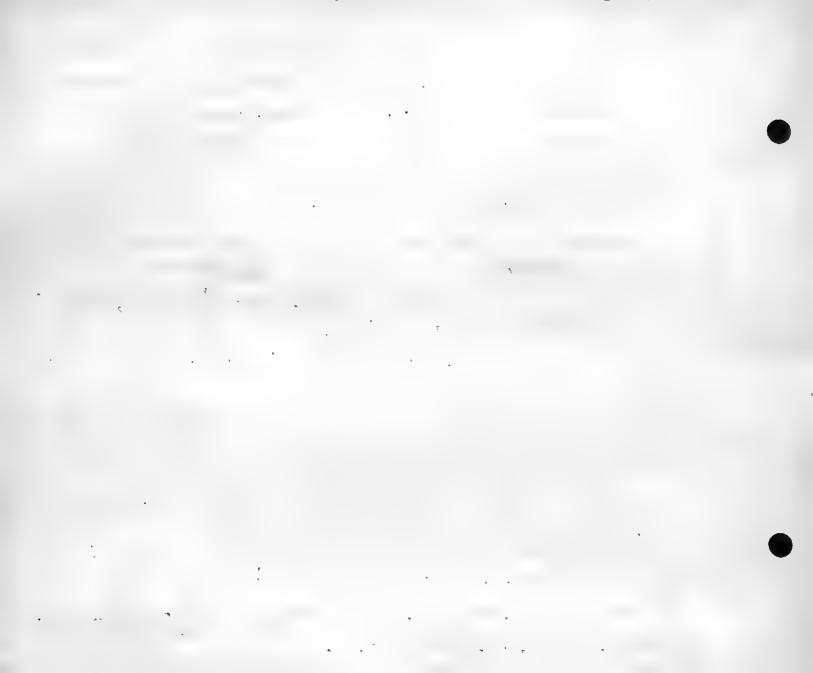


| 1/  | 1   | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND   |              |
|---|---|--|--------------|
| y<br>E  | ENER  | . 05460 CERTIFICATE OF DEATH   |              |
| deat  | funeral and 2 death.  | PLACE OF OEATH     a. COUNTY     a. STATE     a. STATE     b. CDUNTY   | lon)         |
| hours after death   | s 1   | Montgomery MARYLAND MARYLAND   |              |
| رم<br>م   | by t<br>Page  | b. CITY OR TOWN (if cutside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (if cutside corporate limits, write RURAL and give nearest town)   | vn)          |
| hou   | rs.   | Silver Spring 1 42. 8 me. Washington, D. C.  d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDEN  | ICE          |
| 24  | ding physician.  been signed by the attending physician and completely filled in by the the burial-transit permit. Then please remove carbon papers. Pages 1 or to burial, cremation, or removal, and in any event, within 72 hours after | Hill Haven Nursing Home 3720 Benton St. N.W YES NO.  | 17           |
| thi   | with  | 3. NAME OF First Middle Last 4. DATE Month Day Year  | =            |
| d wi  | mple<br>cart<br>ent,  | The or print) OF THE Wilson DEEL MAIV. OEATH HOW 24 19 6   |              |
| cute  | d co  |  | HRS.<br>Iin. |
| exe   | ren<br>ren  | Toa. USUAL DCCUPATION (Give kind of work done   10b, KINO OF BUSINESS OR during most of working life, even if retired)   10b, KINO OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN DF WHAT COUNTRY?   |              |
| pe pe   | sicia<br>ease<br>and  | during most of working life, even if retired) INOUSTRY   |              |
| cate  | phy<br>val,   | 13. FATHER'S NAME Private MUSIC Plymouth, Ohio U.S. H.   |              |
| ertii   | ding<br>The<br>The  | J. Franklin Beelman Francelia Gipson   |              |
| ŧ   | alite<br>or lite  | 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 4305 Uan Buren St.   |              |
| de  | the a   | No None Yes Mrs. Mary E. Habrose Hyattsville Md.  [18. CAUSE OF DEATH   Enter only one cause positine for (a), (b), and (c).]  | ĒN.          |
| aw requires that the death certificate be executed within | Dy 1  | PART I. DEATH WAS CAUSED BY:  [MMEDIATE CAUSE (a) Cause Decline for (a), (b), and (c).]  [MMEDIATE CAUSE (a) Cause Language Sandy Death Cause Language Sandy Death Cause | H            |
| that  | attending physician is as been signed se as the burial-tra h prior to burial, cr  | OUE TO O   | -            |
| ires  | Ser Pour  | Conditions, if any, which gave rise to immediate (b) Mirecular Februllater 3-4 day   | <u>~</u>     |
| rego  | the to to   | cause (a), stating the DUE TD  |              |
|   | has<br>e as<br>r pri  |  | SY-          |
| E   | cate<br>cate<br>r us<br>ealti   | PERFORMED YES NO   |              |
| NA.   | of H  | PART I. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOP PERFORMED YES NO  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  19. WAS AUTOP PERFORMED YES NO   |              |
| PHYSICIAN   | by the hospital of attending<br>lifer this certificate has been<br>be detached for use as the I<br>State Dept, of Health prior to   |  | -            |
|   | y the   | Hour a.m., While Not While factory, street, office bidg., etc.)  | ,            |
|   | After Id be de State  | 21. I certify that (I) (this hospital) attended the deceased from 2/5, 19 65 to 7/24, 19 66, that (I) (we)   | last         |
| OR ATTENDING  | y be retained<br>URECTOR: A<br>age 3 should<br>fled with the S  | saw the deceased alive on Apr 23 1965, and that death occurred at EAM, from the causes and on the date stated about  |              |
|   | IREC<br>G Wi  | 222-7 SIGNATURE  222-7 SIGNATURE  M.D. ATTENDING  MED. STAFF  22b. DATE SIGNED  MED. PHYS. DIRECTOR PHYS. DIRECTOR PHYS.   | /            |
|   | ERAL D  | 22c. physician's  NAME (Type)  KALALA DE LUEST MAN STATEMENT STATE | 77           |
| SPI   | Stor, ctor,   | (NAME (Type) KA THOND E. WEST M.D. 831 Uneversely Blint Begallevel   | 4            |
| TO HOSPITAL   | Page 4 may be TO FUNERAL DIRE director, page 3 should be filed v  | 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. LOGATION (City, town or county) (State)  |              |
| ţ   | F   | Burial 28 April 1966 Greenlawn Cemetery Plymouth, Ohio   |              |
|   | R A15 (4)   | 24. FUNERAL DIRECTOR 8434 Georgia Avenue APR 27 1966 Clarks Junior Warner E. Pumphrey Inc. Silver Spring Md.   |              |

|    | 1 (5)  | 1.            | MARYLAND STATE DEPARTMENT OF HEALTH  |
|----|--|---------------|--|
| 12 | . (M   | 1             | DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH  1)5461   |
|    | funeral and 2 r death.   | { <u>-</u>    | 00.6.72  |
|    | hours after death<br>d in by the funeral<br>rs. Pages 1 and 2<br>2 hours after death   | 1.            | PLACE OF DEATH  a. COUNTY  b. COUNTY  b. COUNTY  COUNTY  D. COUNTY |
|    | fter<br>the<br>ss 1  | <u> </u>      | b. City pr. Town (if outside corporate lights,   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)  |
|    | by Page  |               | b. CITY DR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)  |
|    | houl<br>I in<br>S.   |               | d. NAME OF HOSPITALOR, INSTITUTION (If not in hospital, give street eddress)  d. STREET ADDRESS  , e. IS RESIDENCE ON A FARM?  |
|    | fille<br>pape<br>in 73   | ľ             | Residuce a)  |
|    | thin<br>tely<br>on<br>with   | 3.            | NAME OF DECEASED A Flist Middle Lest 4. DATE Months Day Year   |
|    | executed within and completely femove carbon if any event, with  |               | (Type or print) Carl Touch Remies DEATH Uffill 7- 1966   |
|    | con<br>con<br>ove  | 5.            | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF |
|    | any any  | _A            | M. WIDOWED DIVORCED JAMES 24 1892 73 yrs.  |
|    | 1 - 12 E   | 量             | 1. USUAL OCCUPATION (GIVE kind of work done 10b. KIND OF BUSINESS OR) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?   |
|    | ysign yall   | 43            | Surance Inspectate Mysic Otitic Courses Tansia.  |
|    | ifica<br>g ph<br>en<br>oval  | 13            | FATHER'S NAME  |
|    | din din  | 1.            | WAS DECEASED EVER IN U.S. ARMED FORCES?, 16. SOCIAL SECURITY NO.   17. INFORMANT Address 2/4 University  |
|    | aw requires that the death certificate be extending physician.  The been signed by the attending physician as the burial-transit permit. Then please the prior to burial, cremation, or removal, and the prior to burial, cremation, or removal, and the prior to burial.  | ίΫ            | es, no, or unkown) (If yes give war or dates of service) + Me Me Me Me Me Me Me  |
|    | des<br>he s<br>per<br>tion   | -             | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]  |
|    | the<br>L<br>by t<br>by t<br>nsit<br>ema  |               | PART I. DEATH WAS CAUSED BY:   |
|    | hat<br>iciar<br>ned<br>I-tra<br>I, cr  |               | IMMEDIATE GAUSE (8) SHATA OPPOR  |
|    | es t<br>sign<br>uria<br>uria   |               | Conditions, If any, which ) (b) one tactactaces, he may have candiac 2 who.  |
|    | quir   |               | gave rise to immediate cause (a), stating the DUE TO   |
|    | ttendile<br>thas be<br>as th<br>prior  |               | underlying cause last. (c) fallux 4  |
|    | e lay<br>atte<br>e ha<br>e ha<br>se a<br>th p  | TION          | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  |
|    | The Land or at ficate by use Health  | FICA          | YES NO X   |
|    | PHYSICIAN: The law requires that the hospital or attending physician, this certificate has been signed betached for use as the burial-trane Dept. of Health prior to burial, cre   | CERTIFICATION | 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |
|    | YSIC<br>hoo  |               | 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)   |
|    | te et the other te ot | MEDICAL       | Hour a.m. While Not While factory, street, office bidg., etc.)   |
|    | OR ATTENDING De retained by URECTOR: After ge 3 should be ed with the Stafe  | ž             | p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from 1961, to April 9, 1966, that (I) (we) last   |
|    | ATTENDIN<br>retained b<br>CTOR: Aff  |               | 21. I certify that (I) (this hospital) attended the deceased from 1964, to 1966, that (I) (we) last saw the deceased alive on 7 1966, and that death occurred at 8 M, from the causes and on the date stated above.  |
| 4  | ATT rets   |               | 22a. SIGNAPORE 22b. DATE SIGNED  |
|    | DIR DIR  |               | M.D. ATTENDING 19 MED. STAFF 1 9 April 6 6   |
|    | HOSPITAL age 4 may FUNERAL Director, page  |               | 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS  |
|    | O HOSP<br>Page 4<br>FUNE<br>directo  | -             |  |
|    | TO HOSPITAL OR ATTENDING PHYSICIAM: The land Page 4 may be retained by the hospital or at to FUNERAL DIRECTOR: After this certificate hadirector, page 3 should be detached for use should be filed with the State Dept. of Health in the State Dept.  | 23            | a. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23b. LOCATION (City, town or county)  |
|    | Ć.,  | 2             | A JUNERAL DIRECTOR 25a. RECOD BY REGISTRAR 25b. BEGISTRAR'S SIGNATURE  |
|    | VR A15 (4)   |               | Letter Walter D. 754 Exceel 95 100 APR 13 1966 Blianles Judge  |
|    | 15M 4-64   | 1             | 1 de la constante de la consta |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH USUAL RESIDENCE (Where deceased fived, If Institution: Residence before admission) a. COUNTY b. COUNTY STATE hours after Montgomery MARYLAND "aruland by the Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) .⊑ Surtonsville complete, d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 24 ON A FARM? Valley Stream Avenue Hallywood Avenue YES NO 3 within NAME OF Middle DATE Month DECEASEO (Type or print) DEATH 19 5. SFX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | last birthday) | Months | Days 7. MARRIEO 8. 9. **NEVER MARRIED** Hours Female Mau WIDOWED X 1883 DIVORCEO | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KING OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician lease pe INDUSTRY COUNTRY? Own Home Housewite LSA death certificate FATHER'S NAME MOTHER'S MAIDEN NAM removal attending parmit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT the atten it permit. 9 Stream Ave. (Yes, no, or unkown) (If yes give war or dates of service) cremation, Ethel B. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). L INTERVAL BETWEEN burial-transit ONSET AND OEATH PART I. OEATH WAS CAUSED BY: Week IMMEDIATE CAUSE (a) signed **OUE TO** tensive Heart Disease Conditions, if any, which been gave rise to immediate まま **DUE TO** cause (a), stating the prior underlying cause tast. 35 (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMEO? certificate YES [ NO 🔯 PHYSICIAN: 1 the hospital 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this cerum detached for OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part | of Item 18.) be detached State Dept. MEDICAL 20c. TIME OF INJURY Month, Cay, Year 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED 20f. (City or town) (State) (County) After After Hour a.m. Not While at work p.m. 19 at work DIRECTOR: Age 3 should lied with the 21. I certify that (1) (this hospital) attended the deceased from and that death occurred a AM. from the causes and on the date stated above. saw the deceased alive on a 224. SIGNATURE DATE SIGNED page DIRECTOR To FUNERAL director, pa TO HOSPITAL PHYSICIAN'S NAME (Type) 22d. **ADDRESS** BURIAL, CREMATION, 23b. OATE THEREOF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) incoln Cemeter Burial FUNERAL DIRECTOR FC'D BY REGISTRAR VR A15 (4) 20M 1/65



FOR STAFE!

cessary, funeral may be 2 with the State Department with 172 hours after death. TO DEPUTY MED EXAMINER. This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 apd 3 of Health or its designated agent, prior to burial, cremation, or removal, and in any event MARYLAND STATE DEPARTMENT OF HEALTH
of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY

|               |  |  | . RESEARCH AND RECORD                | )S, 301 W. PRESTOI                                     | N STREET, BALTI          | MORE 1, MARY         | /LAND                              |
|---------------|--|--|--------------------------------------|--|--------------------------|----------------------|------------------------------------|
|               | 0546;                                    | } MED  | ICAL EXAMINER'S                      | CERTIFICAT   | E OF DEATH               | 1                    | 05463                              |
| 1.            | PLACE OF DEATH                           |  |                                      | 2. USUAL RESIDENCE MALEY Lai                           | CE (Where deceased lived | •                    | lence before Admission)            |
| _             |  | Montgomery   | IIIMA I DAILD                        |  | itu                      | 1170116              | •                                  |
|               | WILL BURAL                               | in (if outside corporate lime), and give nearest town)  r Spring | nits, c. LENGTH OF STAY IN 1         | 1  | outside corporate lim    | its, write RURAL and | giva nearest town)                 |
| Ц.            |  |  |                                      | 1  | r Spring                 |                      | /                                  |
|               |  | •  | not in hospital, give street addres  |  | A                        |                      | e. IS RESIDENCE<br>ON A FARM?      |
| _             |  | Eastern Ave  | nue                                  | 8103 Eas   | tern Avenu               |                      | YES NO                             |
| 3.            | NAME OF<br>DECEASED                      | Jennie   | Middle<br>nne B                      | erkowitz   | 4. DATE<br>OF<br>DEATH   | Month 5              | Day Year<br>19 66                  |
| 5.            | (Typa or print) SEX                      |  | MARRIED NEVER MARRIED                | B. DATE OF BIRTH                                       | 19. AGE (In              | vears   IF UNDER 1 Y | EAR IF UNDER 24 HRS.               |
| -             | Female                                   | 7. 10  | IDOWED WEVER MARKIED DIVORCED        | 2/15/1892  | last birt                | hday) Months Day     |                                    |
| 10            |  | TION (Give kind of work done<br>ling life, even if retired)      |                                      | 11. BIRTHPLACE (S                                      | tata or foreign country  | y)   12. CITIZ       | ZEN OF WHAT                        |
| OFF           | ring most of work House                  |  | INDUSTRY                             | Pol  | and                      | U                    | S.A.                               |
| 13            | . FATHER'S NAM                           |  |                                      | 14. MOTHER'S MAIL                                      |                          | 1.                   |                                    |
|               | Unk                                      | nown   |                                      | Unki   | nown                     |                      |                                    |
| 1.            | . WAS DECEASED                           | EVER IN U.S. ARMED FORCES  | \$7 16. SOCIAL SECURITY NO. 17       | , INFORMANT  |                          | Address              |                                    |
| '             | No                                       | (11 ) Es Bise was or costes of set s                             |                                      | Son- Mauri   | ce Berk                  |                      |                                    |
|               |  |  | use per line for (a), (b), and (c).] | 0  | na.                      |                      | NTERVAL BETWEEN<br>ONSET AND DEATH |
|               |  | EATH WAS CAUSED BY: IMMEDIATE CAUSE (8)                          | Porto Core                           | mary de  | suffec                   | unes.                | OHOLI AND DEATH                    |
|               | 1/20/                                    | DUE TO   | n.A.                                 | til 14   | SA.D.                    | 1                    |                                    |
| 1             | Conditions, if                           |  | Mercoscle                            | ouche  | more                     | alaxo_               | -                                  |
|               | gave rise to                             |  |                                      |  |                          |                      |                                    |
| _             | underlying caus                          |  |                                      |  |                          |                      | TO MAN AUTOREY                     |
| NOL           | PART II. OTHER                           | SIGNIFICANT CONDITIONS C   | CONTRIBUTING TO DEATH BUT NOT RE     | ELATED TO THE TERMINAL I                               | DISEASE CONDITION GIV    | /ENINPARTI(8)        | 19. WAS AUTOPSY<br>PERFORMED?      |
| ICA           |  |  |                                      |  |                          | II of Hear 10        | YES NO                             |
| CERTIFICATION | 20a. EXTERNA PRIMARY OF OF CAUSE OF DEAT | L CAUSE WAS<br>CONTRIBUTING []<br>TH.                            | 206. DESCRIBE HOW INJURY OF          | CURRED. (Enter nature o                                | TINJUTY IN PART I OF PA  | rt II or item 18.)   |                                    |
| MEDICAL       |  | INJURY Month, Day, Year  | fac                                  | LACE OF INJURY (Home, factory, street, office bldg., e | arm, 20f. (City or to    | own) (County         | y) (State)                         |
| 4ED           | Hour a.s                                 | m. 19  | While Not While at work              |  |                          |                      |                                    |
| -             | 21. I certif                             | y that Jook charge of  | the remains described above,         | held an Autopsy 📋,                                     | Inspection 💢 ,           | Inquiry 📈,           | and In my opinion                  |
|               | death result                             | ted from: Natural cau  | ses Accident , _                     | Suicide 🔲, Homici                                      | ide 🔲, Undeteri          | mined manner 🔲       |                                    |
|               |  | 100  | 1/11 600 %                           | CHIEF MEDICA   |                          |                      | 22. DATE SIGNED                    |
|               | SIGNATURE                                | Sexory 0   | College M                            | M.D. ASSISTANT ME                                      | DICAL EXAMINER           | Basal                | 22. DATE SIGNED                    |
|               | EXAMINER'S<br>NAME (Type)                | Belden R.  |                                      | Addies Stree   | t, city, town, or count  |                      | , 1466                             |
| 23            | a. PURIAL, CREM                          | MATION, 23b. DATE THER   |                                      | ERY OR CREMATORY                                       | 1                        | City, town or count  | y) (State)                         |
| 1             | DURIA!                                   | 4 7-0-66   | 6 WASH HEBE                          |  | C'D BY REGISTRAR 2       |                      | CICNATURE.                         |
| 1 2           | 4. FUNERAL DIRI                          | ECTUR  | ADDRESS                              | ZD8, KE  | O D DI REGISTRAR Z       | DO. MEGISIAMAS       | SIGNATURE                          |

VR AISME (5) 5M 1/65 GODDERG FUNERAL I KOME 42179 MST. ULU

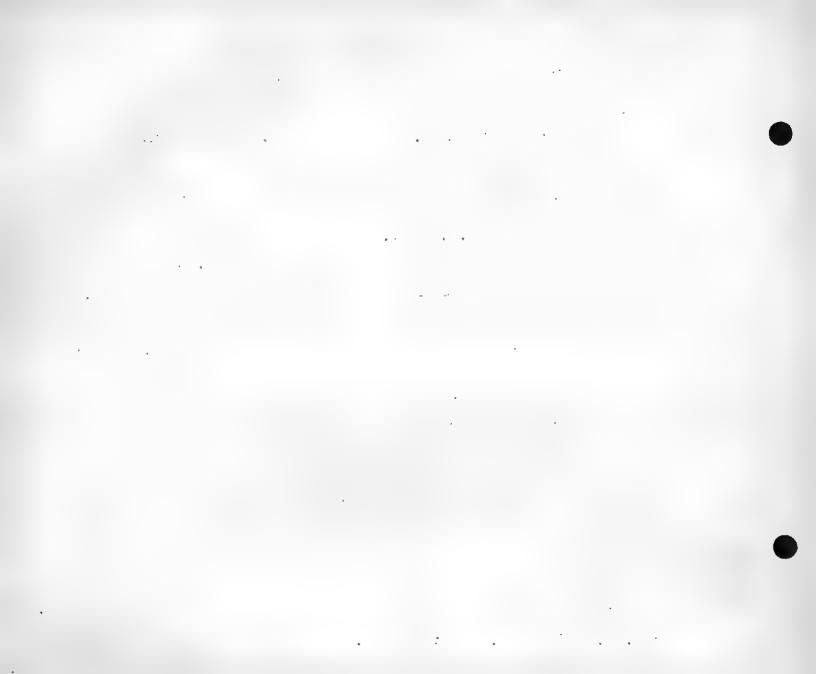
1966 Johnson



| 11-   | . 16   |     |               | MARYLAND STATE DEPARTMENT OF HEALTH  | AADVI AND   |
|---|--|-----|---------------|--|---|
| - The same of the | 1)   | VI) |               | DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, N  | 15 A C 4  |
|   | uted within 24 limurs after with.  Completely filled in by the funeral process. Pages 1 and 2 process.  | -/  | 1.            | PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: R   | lesidence before admission)                       |
|   | 24 Illurs after   Illurh filled in by the funera apers. Pages 1 and n 72 hours after deat  |     |               | e. COUNTY  MONTGOMERY  MARYLAND  STATE  D. COUNTY  MARYLAND  MARYLAND  D. COUNTY  MARYLAND   | T90MERY   |
|   | rs af<br>by the<br>Pages<br>urs at   |     |               | b. CITY OR TOWN (If Cutside corporate limits, write RURAL write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If cutside corporate limits, write RURAL STAY IN 1b)  SILVER SPRING  SILVER SPRING   | end give hearest town)                            |
|   | IIIIII<br>ed in<br>ers.<br>'2 bo   |     |               | d. NAME OF HOSPITAL OR INSTITUTION OF not in hospital, give street address)  d. STREET ADDRESS   | e. IS RESIDENCE<br>ON A FARM?                     |
|   | n 24<br>y filly<br>papi  |     | _             | HOLY CROSS HOSPITAL 1318 NOYES DRIVE   | YES NO X  |
|   | ithi<br>w  | 1   | 3.            | NAME OF First Middle Lest 4. DATE Month OF OF DECEASED (Type or print) LOUISE S BIRDSELL DEATH 4   | Day Year 1966                                     |
|   | rted<br>Somp   | /   | 5.            | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DAJE OF BIRTH 9. AGE (In years IFUNDER Months) WIDOWED DIVORCED 7. 14/82 63 yrs.  | 1966<br>1 YEAR IFUNDER 24 HRS.<br>Days Hours Min. |
|   | and remp   |     | 2/2=          | USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHALACE (County & State, or foreign country) 12. C   |   |
|   | ficate be execuphysician and physician and physician and wal, and in ank   |     | dur           | USUAL OCCUPATION (Give kind of work done in 10b. KIND OF BUSINESS OR in most of working life, even if retired)  10b. KIND OF BUSINESS OR in BIRTHPLACE (County & State, or foreign country)  11. BIRTHPLACE (County & State, or foreign country)  12. C. | OUNTRY?   |
|   | icate  |     | 13.           | FATHER'S NAME 14. MOTHER'S MAIDEN NAME   |   |
|   | Jding<br>The<br>The  |     | 15            | Ralph A. Shepard Corena Randsdall Was Deceased ever in U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address  |   |
|   | that the death certificate be executed mithin sician.  sician.  med by the attending physician and completely al-transit permit. Then please remove carbon is al-transit permit. Then please which is any event. With  |     |               | 13, no. or unknown) (It yes give war or dates of service) None Wayne Birdsell Silver Spring, Me  | d   |
|   | the de   |     |               | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]  | INTERVAL BETWEEN<br>ONSET AND DEATH               |
|   | lat the cian, and by trans   |     |               | PART I. DEATH WAS CAUSED BY: Scleraderma IMMEDIATE CAUSE (a)   |   |
|   | es the   |     |               | Conditions, if any, which   DUE TO Pulmonary abscess right upper lobe.   |   |
|   | TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the de Page 4 may be retained by the hospital or attending physician. OF FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit perchainly be filed with the State Dent. of Health prior to burial. Cremating |     |               | gave rise to immediate ( cause (a), stating the DUE TO   |   |
|   | faw I  |     | NO.           | underlying cause last. ) (c)   | 19. WAS AUTOPSY PERFORMED?                        |
|   | The or a cate  | 2   | FICAT         |  | YES X NO  |
|   | clAN:<br>spita<br>certificied for  |     | CERT.FICATION | 20a. ACCIDENT WAS UNDERLYING []   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Part II of Item 18 OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  | .)  |
|   | he ho<br>this (this operated   |     |               | 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town)  | unty) (State)                                     |
|   | NG P<br>by t<br>ffer<br>be d   |     | MEDICAL       | Hour a.m.  p.m.  19 While Not White at work  | 6   |
|   | ENDI<br>Br. A<br>Ould<br>the   |     |               | 21. I certify that (I) (this hospital) attended the decleased from   | 20, that (I) (we) last the date stated above.     |
|   | A ATT  |     |               | 222. SIGNATURE ATTENDING MED. STAFF 22b.   | DATE SIGNED                                       |
|   | AL OI<br>lay be<br>L Dill<br>page  |     |               | M.D. PHYS. LI DIRECTOR LI PHYS. L.   | - 1-66  |
|   | SPITE<br>4 m<br>NERA<br>Stor,  |     |               | NAME (Type) George F. Sengstack, M.D. 9241 Columbia Blvd., Silver  |   |
|   | Page 0 FG direct   | 2   | 238           | REMOVAL (Specify)  | ounty) (State)                                    |
|   |  |     |               | FUNERAL DIRECTOR Thomas 8434 APPESS GIA AUENUE 258. REC'D BY REGISTRAR 256. REGISTRAR  | R'S SIGNATURE                                     |
|   | VR ALS (4)<br>20M 1/65   |     | W             | arner E. Pumphrey, Inc. Silver Spring, Md. OAPR 11 1966 Clearly  | Judge.  |
|   | 20111 1700   |     |               | · · ·  |   |



| 1  | 6  | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND   |
|--|--|--|
| # E  | 2  | 05465 CERTIFICATE OF DEATH 05465   |
| - a)   | 1 and 2<br>er death.   | 1. PLACE OF DEATH a. COUNTY MONTGOMERY MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission as STATE b. COUNTY Montgomery  Maryland  Maryland  Montgomery  |
| ours aft   | Pages<br>ours aft  | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town)   |
|  | papers.<br>iin 72 h  | Olney 15 days  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Montgomery General Hospital.  Gaithersbury  d. STREET ADDRESS  ON A FARM?  YES NO W   |
| within<br>detely   | arbon t<br>t, with   | 3. NAME OF DECEASED (Type or print) RUTH A BIRNBAUM BIRNBAUM US 15 19 66   |
| executed within  | emove carbon papers. Pages 1<br>any event, within 72 hours after   | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   Funder 1 years   Funder 2 years   Funder 2 years   Funder 3 years   Funder |
| te be ex   | ase re   | 103. USUAL OCCUPATION (Give kind of work done   1Db. KIND OF BUSINESS OR during most of working life, even if retired)   12. CITIZEN OF WHAT COUNTRY?  |
| lificate<br>og phys  |  | Retired U.S. Govt. New 107R USA  13. FATHER'S NAME  Louis Baer Elizabeth Altman  |
| requires that the death certificate be executed within ding physician.<br>been signed by the attending physician and completely  | d be detached for use as the burial-transit permit. Then state Dept. of Health prior to burial, cremation, or remova | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Hyes give war or dates of service) 266-22-0567 Hospital records Olney, Maryland   |
| the de:<br>1.<br>by the :  | nsit per<br>emation  | 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I DEATH WAS CAUSED BY.  ONSET AND DEATH  |
| law requires that tattending physician.<br>ethending physician.  | ırial-tra<br>ırial, cr   | Conditions, If any, which ) Acute Covonary Thrombosis 13 days  |
| requirent production of the pr | the bi   | gave rise to immediate cause (a), stating the underlying cause last.  (b)  Thyo cardial Lutarction  (c)  Att. D- Congestive Heavy  (d)  3days  |
| The law<br>or atte   | for use as<br>Health pr  | PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO Z  20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)  OR CONTRIBUTING TO AUTOPSY MEDICAL EXAMINER)  |
| SICIAN: hospital   | hed for<br>it. of He   |  |
| G PHYSICIA<br>by the haspi<br>er this cert   | 3 should be detached with the State Dept. of   | 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, factory, street, officebidg., etc.)  While at work at work at work   |
|  |  | 21. I certify that (I) (this hospital) attended the deceased from 14/3/ , 19 66, to 14/15 , 19 66, that (I) (we) last saw the deceased alive on 14/15 , and that death occurred at 10 PM, from the causes and on the date stated above   |
| OR AT  | ge 3 sl<br>led with  | 228. SIGNATURE  Pach Schwing Med. STAFF  OIRECTOR PHYS.   22b. DATE SIGNED   |
| TO HOSPITAL OR ATTENI<br>Page 4 may be retaine<br>TO FUNERAL DIRECTOR:   | director, page should be filed v   | PHYSICIAN'S 22d. ADDRESS NAME (Type)   |
| TO HOS<br>Page<br>TO FUN   | shou   | Burial 4/19/66 Hebrew 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Richmond, Va.  |
| VR A15   |  | Jos. W. Bliley Co. Richmond, Va.   25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE   26c. Richmond, Va.   26c. Recistrar's Signature   26c. Recistrar's Sign |
| 20M 1  | /65  |  |



AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 115 itst FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It Institution; Residence before admission) a. COUNTY a. STATE h. COUNTY D. CITY OR TOWN (If cutside corporate limits, write RURAL and the pearest town) Maryland Montgomery
c. CITY OR TOWN (If butside corporate limits, write Rural and give nearest town) MARYLAND C. LENGTH OF STAY IN 1b Spencerville D.O.A. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? delay is and 3 to t 3. Page Montgomery General Hospital 16h01 Batson Rd. NO DO YES Last DATE Month Day 3. NAME OF Middle DECEASED V. Bishop 1966 April Laura DEATH (Type or print) 6. COLOR OR RACE | 7. MARRIED X NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH SEX last birthday) | Months | Female Days Hours 3-1.1-1.90h negro WIDOWED J DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NOUSEWITE

10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) COUNTRY? Maryland USA pages I in any 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Bowen Daisy Boston 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) ((If yes pive war or dates of service) permit. removal, Officer J. E. McGoldrick no INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Massive subarachnoid hemorrhage due to IMMEDIATE CAUSE (a) cremation, DUE TO Conditions, if any, which ruptured intracranial aneurysm. (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES P NO T S P 3 should be agent, prior DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. - Not While at work at work 21. I certify that I took charge of the remains described above, beld an Autopsy Inspection X: Inquiry and in my opinion Natural causes X Undetermined manner Suicide /Homicide death resulted from Accident/ CHIEF MEDICAL EXAMINER 4-12-66 ASSISTANT MEDICAL EXAMINER SIGNATURE for DEPUTY MEDICAL EXAMINER TO **EXAMINER'S** Belden R. Reap M. D. director. retained Address (Street, city, town, or county) Wheaton. Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) DATE THEREOF BURIAL, CREMATION, 23b. Ashton. Ma . HENDYAL (Specify) Ebenezer 0 Cemetery, ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Survede Rockville, Md. VR A15ME 3500 4-64

LOWEL FILM GOV



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05467 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law reaurres that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before odmission PLACE OF DEATH o. COUNTY b. COUNTY North Carolina Montgomery MARYLAND b. City OR TOWN (If autside carparate limits, write RURA, and give nearest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 days Jacksonville Bethesda (rural) d. NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address) d. STRFFT ADDRESS IS RESIDENCE ON A FARM? signed by the attending physician and completely filled in bunal-transit permit. Then please Temave carban paper bunal, cremation, ar remaval, and in any event, within 72 U. S. Naval Hospital 720 Barns Street YES NO 50 3 NAME OF Middle 4. DATE Lost Month Dov DECEASED OF DEATH Blakely 19 66 Robert April William (Type or print) IF JNDER 1 YEAR | IF UNDER 24 HRS S SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIEDXXX last birthdoy) March 14, 1966 Male Cauc WIDOWED DIVORCED 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT 10g USUA, OCCUPATION (Give kind of work done **COUNTRY?** during most of working life eyen if retired) INDUSTRY North Carolina USA 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME Mickey Alexander Ronald M. Blakely 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) Hospital records, USNH, Bethesda, Md. None PART I. DEATH WAS CAUSED BY: M111+1010 = 0 INTERVAL BETWEEN S CAUSED BY: Multiple a congenital anomalies ONSET AND DEATH Canditions, if any, which gave rise to immediate cause (a), DUE TO DUE TO stoting the underlying cause TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) filed with the State Dept. of Health YES X NO F 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20o, ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20e PLACE OF INJURY (Home, form, (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Not While at wark 21. 1 certify that (4) (this haspital) attended the deceased from March 27, 1966, to April 13, 1966, that (4) (we) los sow the deceased alive and pril 13, 1966, and that death occurred at 325P, M, from causes and on the date stated above sow the deceosed olive on Apri 22b. DATE SIGNED 22a SIGNATURE MED. DIRECTOR STAFF PHYS. 14 April 1966 MD director, page should be filed ADDRESS S. Naval Hospital, Bethesda, Maryland 22c. PHYSICIAN'S NAME (Type) J. Lynch, M.D. REMOVAL (Spenin) - transit 4/15/6600dlawn Cemeter 23d. LOCATION (City or Town) 23g. BURIAL, CREMAT ON (County) (State) Nashville, Tennessee 25b. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR
R. A. Pumphrey Funeral Home, 7557 Wisconsin VR A15 (4) Minutes Judge 20 M 1/66 Aven , Bathesda, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05468 05468 24 hours after death USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o STATE Dun tsenner MARYLAND CITY OR TOWN (If autside carparate limits, write, RORAL and give hearest fown) c CITY QR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 1b Dethesda d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS IS RES.DENCI NAME OF DECEASED (Type or print) Middle Last 4. BATE Month Day Year OF DEATH requires that the death certificate be executed B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR JF UNDER 24 HRS 5 SEX 7 MARRIED NEVER MARRIED last birthday) remo WIDOWED DIVORCED 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) duping most of working are, even if retired) COUNTRY? INDUSTRY Vind- Montemers None 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME dewar Address Managaras 16 SOCIAL SECURITY NO es, na, ar unknown) (If yes give war ar dates of service) dough Unknown 18 CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) þ DUF TO Conditions, if any, which gave rise ta immediate couse (a), DUE TO stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION, GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? certificote 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part II of item 18 200 ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) 20c TIME OF INJURY Month, Doy, Year Not While factory, street, office bldg., etc.) Hour o.m. at work L at wark TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram HONI saw the deceased alive an ADVIII 19 Cand that death accurred at 1 A M, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE 4-16-66 director, page 3 should be filed v DIRECTOR 22d ADDRESS Bellevil 22c PHYSICIAN'S NAME (Type) 8505 Old George town 121 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d LOCATION (City or Town) 23a BURIAL, CREMATION (County) BUFFACTAL Specify) 4/19/66 Potomac Meth. Church Cem. Potomac, Maryland 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Bethesda, Md. Pumphrey



| 36  | 1  | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND   |
|-----|--|--|
| 357 |  | 05469 CERTIFICATE OF DEATH   |
|     | death.   |  |
|     | the fu   | 1. PLACE OF DEATH a. COUNTY Montgomery Maryland    2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)   Maryland   Montgomery   Maryland   Montgomery   |
|     |  | b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)  Silver Spring  c. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)  Silver Spring   |
|     | hour<br>s. l<br>hou  |  |
|     | 24<br>filler<br>pape<br>in 72  | d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street eddress)  705 Buckingham Drive  d. STREET ADDRESS  e. IS RESIDENCE DN A FARM7 YES DN D X   |
|     | completely<br>ve carbon<br>event, withi  | 3. NAME DF First Middle Last 1.4 DATE Month Day Year   |
|     | ¥ age x  | (Type or print) Nellle May Boss Death April // 1966  |
|     | executed I and com Lemove c  | 5. SEX 6. COLDR DR RACE 7. MARRIED NEVER MARRIED 8. DATE DF BIRTH 9. AGE (IN years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours   Min.  |
|     |  | remare with the widdle wind with the wind wind with the wind wind with the wind wind wind with the wind wind wind wind wind wind with the wind wind wind wind wind wind wind wind  |
|     | be iciar   | CDUMIRYZ   |
|     | ficate be e<br>physician<br>an please r<br>val, and in   | Housewife West Virginia U.S.A.  13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME   |
|     | certifica<br>iding ph<br>Then<br>remova  | John Brown Lucy Hanback  |
|     | thend or re  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address (Yes, no, or unknown)   (If yes give war or dates of service)  |
|     | e death certifu<br>the attending i<br>t permit. Then<br>ation, or remov  | No Mrs. Mildred Bender (See Item #2)   |
|     | requires that the death certificate be ding physician. been signed by the attending physiciar the burial-transit permit. Then please or to burial, cremation, or removal,  | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  One cause per line for (a), (b), and (c).]   |
|     | law requires that tattending physician. I has been signed be as the burial-tran h prior to burial, cre   |  |
|     | physical signaturia  | conditions, if any, which ) Caremorna of Janerias with me tur fence 10 mortes  |
|     | ing ling l   | gave rise to immediate cause (a), stating the DUE TO   |
|     | tend tend as t as t prior  | underlying cause last. (c)   |
|     | CAN: The law requires that the ospital or attending physician. Certificate has been signed by the hed for use as the burial-transit. of Health prior to burial, cremain.   | PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO  OR CONTRIBUTING CAUSE OF DEATH  |
|     | for for the control of the control o | YES NO TELEPINAL N |
|     | PHYSICAN: The Lather hospital or at the hospital or at this certificate I detached for use to Dept. of Health  |  |
|     | ITENDING PHYSIC<br>etained by the hos<br>IOR: After this c<br>should be detach<br>ith the State Dept.  | 20c. TIME DF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (County) (State)   20m.   19   20m.   20m.  |
|     | ING<br>by<br>be<br>Stat  |  |
|     | ATTENDIN retained b CTOR: Aft should b with the St   | 21. I certify that (I) (this hospital)/attended the deceased from Certify that (I) (this hospital)/attended the certification (I) (this hospital)/attended |
|     | ATT<br>rets<br>ECTG<br>S sh<br>with  | saw the deceased alive on 1963, and that death occurred a 30 M, from the causes and on the date stated above.  |
|     | y be<br>DIRI<br>DERI<br>BEG (  | Deviganin paavon M.D. PHYS. DIRECTOR DI |
|     | TO HOSPITAL OR ATTEND<br>Page 4 may be retained<br>TO FUNERAL DIRECTOR: A<br>director, page 3 should<br>should be filed with the   | 22c. Physician's NAME (Type) Dr. Benjamin Isaacson 277 37 ALRSKA AVE N'. (1) -WASH., AC  |
|     | Page /<br>Page /<br>FUNE<br>direct   |  |
|     | 5 5 5 8 V  | REMOVAL (Specify) A 14 1066 Font Lincoln Comptony Prince Georges Co. Md.   |
|     | Y of   | 24. FUNERAL DIRECTOR   ADDRESS   258, REC'D BY REGISTRAR   256. REGISTRAR'S SIGNATURE  |
|     | VR AI5 (4)<br>20M 1/65   | DISO Wisc. Ave. Ave. N. W. Wash. D.C. DATE 14 1966 Clearles Judge  |

manura de Division

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| X 1 (NA  | MARYLAND STATE DEPARTMENT OF HEALTH  QUIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI   | DVIAND                          |
|--|---|---------------------------------|
| E 20   | CERTIFICATE OF DEATH  | 7.4.20                          |
| after death.  the funeral ges 1 and 2. after death.  | PLACE OF DEATH  | tence before admission          |
|  | MONTECMERY MARYLAND MORYLAND ROLLICE  | GEDRGE                          |
| in by the s. Pages hours afte  |   | d give nearest town             |
| 24 hours<br>filled in by<br>apers. Pa<br>apers. Pa   | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS  | 6. IS RESIDENCE                 |
|  | WASH SANT + HOSPT 6/09 EASTERN AVE  | ON A FARM? YES NO               |
| gecuted within 2. The completely fill smove carbon pagany event, within  | DECEASED  | Oay Year                        |
| comple<br>comple<br>ve carl<br>event,  | (Type or print) CORPA MAE BOWEN DEATH 4 - 2 -   | 1966                            |
| wecuted<br>for contempte<br>any eve  | EEMALE 1.14 TT WINDWED TO DIVIDENT TO 2-21 (200 Cast birthday) Months (0a   |                                 |
|  | 10a. USUAL OCCUPATION (Cive kind of work done   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZ  | ZEN OF WHAT                     |
| The second secon | HOUSE WIFE ATHOME NEW YORK U  | 517.                            |
| certifica<br>ding ph<br>Then<br>remova   | 13. FATHER'S NAME   |                                 |
| eath certific<br>attending<br>ermit. Ther<br>n, or remov   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.   17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 195-10-09070  | PME AS                          |
| e death c<br>the atten<br>it permit.<br>nation, or   | NO 295-10-1904 GLADYS M KRAUSS 3  | 20                              |
| 五、至25  |   | NTERVAL BETWEEN ONSET AND DEATH |
| that<br>ician<br>ned l<br>I-tra<br>if, cri   | PART I. DEATH WAS CAUSE (a) Paralytic less  | Weeks.                          |
| phys<br>phys<br>sign<br>buria<br>buria   | Conditions, If any, which ) OUE TO Burgues shock  | iweek                           |
| ding<br>ding<br>been<br>the<br>or to   | gave rise to immediate cause (a), stating the DUE TO Francisco A A A  | locat.                          |
| law<br>ntten<br>has<br>as<br>prid  | Underlying cause last. (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d   | 19. WAS AUTOPSY                 |
| N: The la<br>al or att<br>ficate h<br>for use<br>Health p  | 5 Chronic train syndrome, arteriosclerosis  | PERFORMEO? YES NO               |
| CIAN: The ospital or a certificate hed for use health.   | 20a. ACCIDENT WAS UNDERLYING OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   |                                 |
| 5 4 S 5 9  |   | ) (State)                       |
|  | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County factory, street, office bldg., atc.)    Hour a.m.   While   Not While at work   at work   at work   at work   According to the county factory, street, office bldg., atc.)  | (0.0.0)                         |
| ENDIN<br>ined t<br>IR: Afi<br>ould b   |   | that (i) (we) las               |
| ATTENDING retained by CTOR: After Should be with the State   | saw the deceased alive on 1 Capril 1966, and that death occurred at 75 M, from the causes and on the  | date stated above               |
| OR DIRE  | Joseph H. Corvan M.o. ATTENDING MED. STAFF DIRECTOR PHYS.   | SIGNED                          |
| rral<br>RAL<br>rr, pa  | PHYSICIAN'S NAME (Type) JOSEPH H. COWAN M.D. 22d. ADDRESS LINNEAN AV. N.W. &  | JASH, & De                      |
| HOSE<br>age 4<br>FUNE<br>recto   | 23a. BURIAL, CREMATION, 23D. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, Jown or county  |                                 |
| TO HOSPITAL OR ATTENDIN<br>Page 4 may be retained<br>TO FUNERAL DIRECTOR: At<br>director, page 3 should be<br>should be filed with the S   | BUNGE GOOGHI 4-25-66 WASH NATH PARK CEM Sulland   | Zuck                            |
| H  | 24. FUNERAL DIRECTOR  ADDRESS  ADDRESS | CNATURE                         |
| VR A15 (4) №<br>20M 1/65   | Met. Cranter 300 Mark 26 1966 Clearles  |                                 |





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY b. CITY OR TOWN (it outside corporate limits, **MARYLAND** C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) mington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled 6. IS RESIDENCE ON A FARM? d. STREET ADORESS NO X YES With executed within completely NAME OF **First** Middle Last DATE Month Oay Year DECEASED OF 厚言. (Type or print) DEATH 1924 gvei 5. SEX and con 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS | Jast birthday) | Months | Days | Hours | Min. 9. 7. MARRIEO **NEVER MARRIED** Months Days Hours WICOWED N DIVORCED nding physician a Then please re removal, and in 5 10a. USUAL OCCUPATION (Clye kind of work done) 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be during most of working life even if retired) INDUSTRY house wite 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending permit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? trans:t permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unkown) ((If yes give war or dates of service) W. KIR UNKNOWN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH À l-trans. PART I, DEATH WAS CAUSED BY: been signed the burial-transor to burial, cri IMMEDIATE CAUSE (a) **DUE TO** Conditions, If any, which (b) rise to Immediate **DUE TO** cause (a), stating the prior underlying cause last. 8 ICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health certificate PERFORMEO? none NO X YES CERTIF the hospital 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) DIRECTOR, After this certing 3 should be detached led with the State Dept. of TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While retained by 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from 1963 and that death occurred at 2:00M, from the causes and on the date stated above. saw the deceased alive on 19 Hla 22a. SIGNATU DATE SIGNED Page 4 may be r ro FUNERAL DIRE director, page 3 should be filed w ATTENDING PHYS. MEO. DIRECTOR M.O. PHYSICIAN'S ADDRESS 22c. 22d. NAME (Type) BURIAL, CREMATION.I 23b. DATE THEREOF NAME OF CEMETERY CREMATORY 23d.\_ LOCATION (City, town or county) (State) 2 REMOVAL (Specify) FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SICNATUR VR A15 (4)

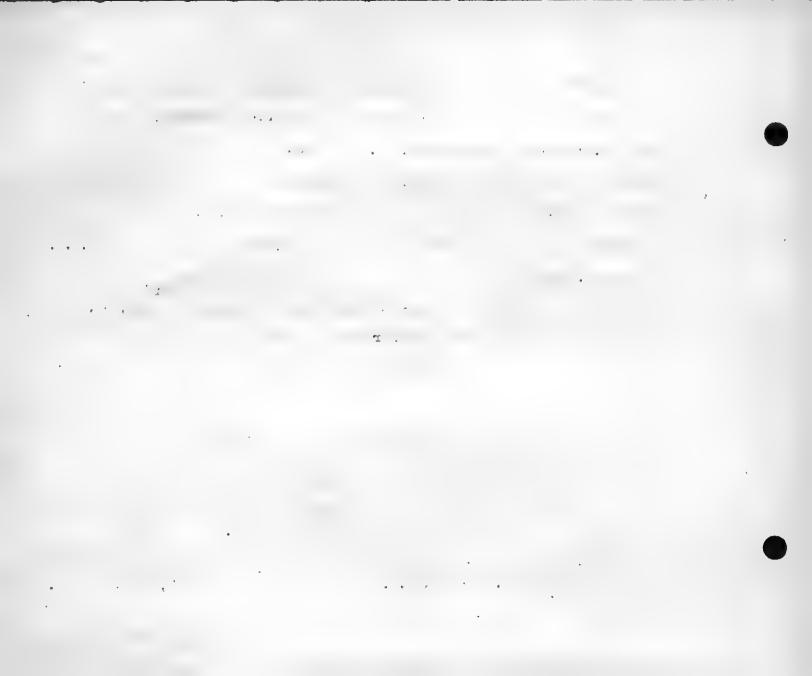
20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE b. COUNTY isician and completely filled in by the flease refrance, darbon papers. Pages 1 and in ago event, within 72 hours after MONTGOMER MARYLANO b. CITY OR TOWN (if outside corporate whits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b Washinaton 1Se NSInaton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, eve street address) e. IS RESIDENCE ON A FARM? d. STREET AODRESS NO 🖂 YES 1100 MARA ONITORIUM executed within NAME OF First Middle Last DATE Month OF DEATH (Type or print) NNIE Rown abRI 19 6. COLOR OR RACE 5. SEX OATE OF BIRTH 9. AGE Un years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED IV DIVORCED 0 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) | INDUSTRY 12. CITIZEN OF WHAT (County & State, or foreign country) death certificate be GLTIMARE M 415 buse bis removal, a FATHER'S NAME MOTHER'S MAIDEN NAME FFEN DERFFER. Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the attenthe burial-transit permit. (Yes, no, or unkown) (If yes give war or dates of service) Home Records DO INTERVAL BETWEEN 18. CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c).] PHYSICIAN: The law requires that the the hospital or attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions. If any, which (b) gave rise to immediate as the t DUE TO (a), stating underlying cause last. this certificate has 10 FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health pric CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTE BUTING TO DEATH 19. WAS AUTOPSY PERFORMED? YES T NO [ 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 1) of Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Not While factory, strebt, office bldg., etc.) Hour a.m. While OR ATTENDING ! at work p.m. 19 21. I certify that (1) (this pospital) attended the deceased from 19 6 6, that (I) (we) last 111aRch 31 1966 and that drath occurred at \$350M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURA DATE SIGNED 22b. ATTENOING 6 9 DIRECTOR M.O. PHYS. PHYS Page 4 may HOSPITAL PHYSICHAN'S 22c. 22d. ADDRESS NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) **ERY OR CREMATORY** Crematory Prince Georges County Mo cremation /66 Ft. Lincoln REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR DAMPR S.H. Hines Co. VR A15 (4) The 1966 Washingt 15M 4-64



| 1 1/2  |     | MARYLAND STATE DEPARTMENT OF HEALTH  OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND STREE | AND                        |
|--|-----|--|----------------------------|
| = -4A  | 4)  | CERTIFICATE OF DEATH   | 5171                       |
| 24 hours after death. filled in by the funeral apers. Pages 1 and 2 n 72 hours after death.  | 7   | PLAGE OF DEATH     a. COUNTY     B. STATE     b. COUNTY  2. USUAL RESIDENCE (Where deceased lived, if institution: Residence beautiful as STATE)     b. COUNTY  B. STATE  D. COUNTY  Output  D. COUNTY  D. C      | efore admissio             |
| after d  |     | MONTGOMERY  MARYLAND  MARYLAND  MONTGOMERY  MONTGOMERY  MARYLAND  C. CITY OR TOWN (if outside corporate limits, in the Rural and give)  C. CITY OR TOWN (if outside corporate limits, write Rural and give)  |                            |
| rs afte<br>by the<br>Pages<br>urs afte   |     | WITHE KURAL and give hearest (own)   | nearest tow                |
| ithin 24 hours after<br>stely filled in by the<br>bon papers. Pages 1<br>within 72 hours after   | - } | Bethesda 101 days Rustburg.  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e.   | IS RESIDENCE               |
|  | - ( | The Clinical Center, Bethesda 14, Md. None   | ON A FARM?                 |
| executed within and completely femove carbon prant and completely femove carbon prant and carbon, within   | ı   | 3. NAME OF First Middle Last 4. DATE Month Day OF  | Year                       |
| N Section N  |     | (Type or print) Doris Pauline Bryant DEATH April 22  | 1966                       |
| and  | Н   | last birthday) Months Days   | Hours Mir                  |
|  |     | 10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN 04  | F WHAT                     |
| e be<br>rsicia<br>leas<br>and  |     | Housewife None Virginia II.S.  |                            |
| ificat<br>g phy<br>en p<br>oval,   |     | 13. FATHER'S NAME  |                            |
| ding<br>rem  | ŀ   | Silas W. Smith Amy Julia Newman  15. WAS DECEASED EVER INU. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT The Medical Page 144/205  |                            |
| that the death certificate be ex<br>sician,<br>ned by the attending physician a<br>altransit permit. Then please fe<br>al, cremation, or removal, and in   |     | (Tes, No, or Unixown) (ITYES GIVE WAP OF CATES OF SEPTICE)   | 014                        |
| e de<br>the<br>it pe   | ŀ   | 1 18. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c), 1  | VAL BETWEEN<br>T AND DEATH |
| at th<br>ian.<br>d by<br>rans<br>crem  |     |  | eeks                       |
| s th<br>ysic<br>igne<br>rial-t<br>rial-t   |     | Conditions, if any, which   Chronic Myelogenous Leukemia   22  | 4.3                        |
| Julre<br>ng ph<br>en s<br>e bu<br>e bu   |     | gave rise to Immediate   | months                     |
| w re-  |     | underlying cause last.   |                            |
| TO HOSPITAL OR ATTENBING PHYSICIAN: The law requires that the death certifica Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy director, page 3 should be detached for use as the burial-transit permit. Then should be fied with the State Dept. of Health prior to burial, cremation, or removal |     | F  | WAS AUTÓPS'<br>PERFORMEO?  |
| A: The tal or ifical or ifical or ifical or ifical for infinity of the area.   | ×   | YES 20a. ACCIDENT WAS UNDERLYING []   20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.)   | X NO                       |
| ospil<br>cert<br>cert<br>hed<br>t. of  | - 1 | G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |                            |
| HYS<br>he h<br>this<br>letac<br>Dep  |     | 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   4 work   19   at work   at work   20f. (City or town)   20f. (C | (State)                    |
| NG P<br>by t<br>fter<br>be d<br>State  | ı   |  |                            |
| ATTENBIN<br>retained b<br>CTOR: Aft<br>should b  |     | 21. I certify that this hospital) attended the deceased from January 11, 1966, to April 22, 1966, that saw the deceased alive on April 22, 1966, and that death occurred at 7:60 M, from the causes and on the date  | t (We) la                  |
| ATT<br>reta<br>reta<br>ECTO<br>3 sh<br>with  |     | saw the deceased alive on April 22 1966, and that death occurred at 7:30 M, from the causes and on the date 22a. SIGNATURE 22b. DATE SIGN  |                            |
| y be DIRE age 3  |     | Wesley M. Vitt Ale M.D. ATTENDING OIRECTOR PHYS. X 23 April  |                            |
| HOSPITAL  age 4 may  FUNERAL  rector, pa   | 7   | 22c. PHYSICIAN'S NAME (Type) Wesley M. Vietzke M.D. Institutes of Health, Bethesda, Mc   |                            |
| HOSPITAL<br>Page 4 may<br>FUNERAL D<br>director, pag   |     | Wesley M. Vietzke, M.D. Institutes of Health, Bethesda, Mc. 238. BURIAL, CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county)  | d2001                      |
| 5g 5 ag  |     | Derical 4/25/66 Evington Meth. Ch. Case Evington   | Va.                        |
|  |     | 24. FUNERAL DIRECTOR ADDRESS , 25a. REC'O BY REGISTRAR'S SIGNAL  | TURE                       |
| VR A15 (4)<br>20M 1/65   |     | Whiten Funeral Hone, Lynchburg Va. DATAPR 28 1966 fliantes Jo  | 7                          |

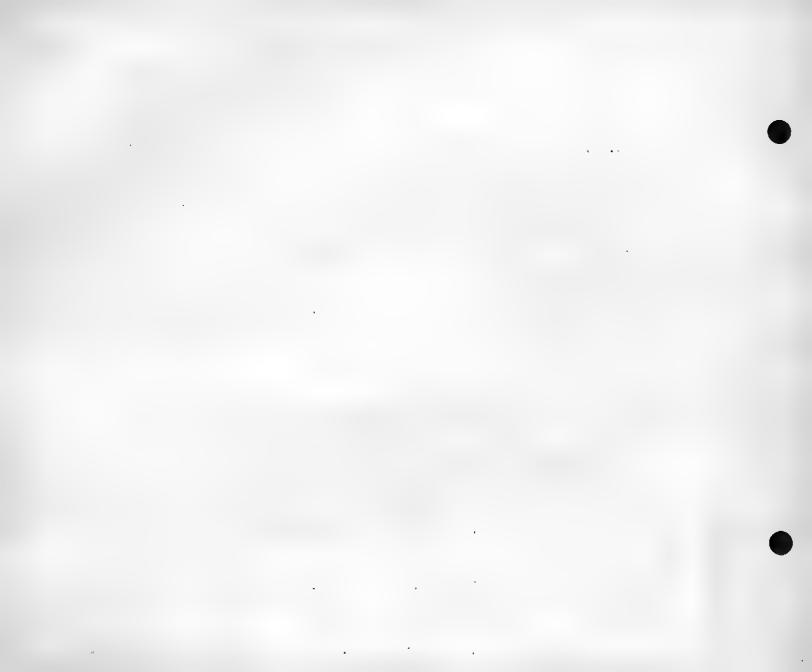


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY the 11 b. COUNTY a. STATE after MARYLANO b. CITY/OR TOWN (if outside opporate limits write RUBAL and give neafest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) by Page hours E. MAME OF HOSP filled d. STREET ADDRESS e. IS RESIDENCE Muspital, glyerstreet address) within 72 ON A FARM? NO TO executed within completely carbon NAME OF DATE Middle 4. Month Year DECEASED OF event, (Type or print) DEATH 5. SEX 6. OOLOR DR RACE LIFUNDER 1 YEAR OF UNDER 24 HRS AGE (In years last birthday) 7. MARRIED NEVER MARRIED [ Months any and WIDOWED Yrs. .= n pjepse r 1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY (Combty & State, of foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired certificate be COUNTRY? man MOTREP'S MAIDEN NAM removal. Ernestice attending T 15. WAS OECEASED EVER IN U.S. ARMED FORCES? transit permit. 17. INFORMANT Address (Yes, no, or unkown) (If yes pive war or dates of service) that the death the INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for After this certificate has been signed by the be detached for use as the burial-transit State Dept. of Health prior to burial, cremat PART I. OEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUF TO Conditions, If any, which (b) gave rise to immediate **OUE TO** cause (a), stating the underlying cause last (c) CERTIFICATION WAS AUTOPSY PERFORMED? PARTIL DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES T ND TO 20a. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE DE DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNCERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURREO | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While director, page 3 should be d should be filed with the State Not While Page 4 may be retained by 19 at work at work ATTENDIN 21. I certify that (I) (this\_hospital) attended the deceased from and that death occurred a 25 saw the deceased alive PM. from the causes and on the date stated above. SIGNATURE DATE SIGNED 22b. ATTENOING M.O. PHYS. DIRECTOR PHYS. PHYSICIAN'S AOORESS 22d. NAME (Type) Cal UPDAGE BURIAL, CREMAT ON.I 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) PREMOVAL (Specify) POREAT REC'O BY REGISTRAR ADDRESS REGISTRAR'S SIGNATURE VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission o. COUNTY a. STATE b COUNTY Virginia Montgomery MARYLAND b CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) 54 days Arlington Bethešda (rura] papers. hin 72 ha d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? 1700 North Roosevelt St U. S. Naval Hospital NO F 3 NAME OF Middle 4. DATE Month Doy Year DECEASED 19 66 BURCHETT April John Henry DEATH (Type or print) S SEX 9. AGE (in years IF UNDER I YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH **NEVER MARRIED** last birthday) Male Cauc Dec. 28. WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Prestonsburg, Kentucky USA U. S. Navy 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME or remayal Rosa Sizemore Wade Burchett IS. WAS DECEASED EVER IN U.S. ARMED FORCES? St. ArlingtonAddress 16 SOCIAL SECURITY NO. INFORMANT Va. (Yes, na, ar unknown) (If yes, give war or dates of service) Mrs. Molly Z. Burchett, 1700 N. Roosevelt -06-38-1002 ves signed by the a burial-transit per burial, crematian INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))
PART I DEATH WAS CAUSED BY. Cerebral vascular accident ONSET AND DEATH **IMMEDIATE CAUSE (6)** DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO tor use as the t Health priarta b stating the underlying cause has been last. 19. WAS AUTOPST PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIF CATION YES Z NO O FUNERAL DIRECTOR: After this certificate 20b OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of stem 18) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Not While at wark 2), I certify that (4) (this haspital) attended the deceased fram Peb. 24 1966, ta Apr. 19 , 1900 , that (1) (we) last be retained 1966, and that death accurred at 300A M, fram causes and an the date stated above. saw the deceased alive an Apr. 19 22a. SIGNATURE 22b OATE SIGNED My munine M.O. DIRECTOR 22d ADDRESS 22c PHYSICIAN'S NAME (Type) L. Brannon, M. D. U. S. Naval Hospital, Bethesda, Md. directar, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF Page 4 (Stote) 23g. BUR AL, CREMATION BREMOVAL (Specify) Arlington National Cemetery Arlington, Virginia 2Sa. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE Home ADDRESS VR A15 (4) 20 M 1/66

Wilson Blvd. Arlington, Va.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0547 CERTIFICATE OF DEATH in by the funeral rs. Pages 1 and 2 hours after death within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) PLACE OF DEATH a. COUNTY A MARYLAND b CITY OR TOWN (If outside corporate mits, C LENGTH OF STAY IN 16 write RURAL and give negrest town popers. hin 72 hc filled in OR INSTITUTION (It not in hospital, give street address) d. STREET ADDRESS e 15 RESIDENC ON A FARM? NO K NAME OF po. First Day Year DECEASED 19 (Type ar print) DEATH ö PHYSICIAN: The law requires that the death certificate be executed remove n omy eve 9. AGE (In years IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** t birthdoy) DIVORCED WIDOWED 10o USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 12 CT ZEN OF WHAT (County & State or to san country) INDUSTRY **COUNTRY?** pu HOUSE WIFE 13. FATHER S NAME 16 SOCIAL SECURITY NO. INFORMANT (Yes, no, ar unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-tronsit PART I. DEATH WAS CAUSED BY 17 / VIMMEDIATE CAUSE (o). Canditians, if any, which gave : rise to immediate couse (a), stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been for use os the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY CERTIFICATION PERFORMED? NO 200 ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II af Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, affice bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram 19 a. C. to. and that death accurred at M, fram causes and an the date stated above. saw the deceased alive an. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS DIRECTOR director, page 3 should be filed a 22c PHYSICIAN'S ADDRES9 NAME (Type 230 BURIAL, CREMATION DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) MOVAL (Specify) 24. TUNERAL DIRECTOR



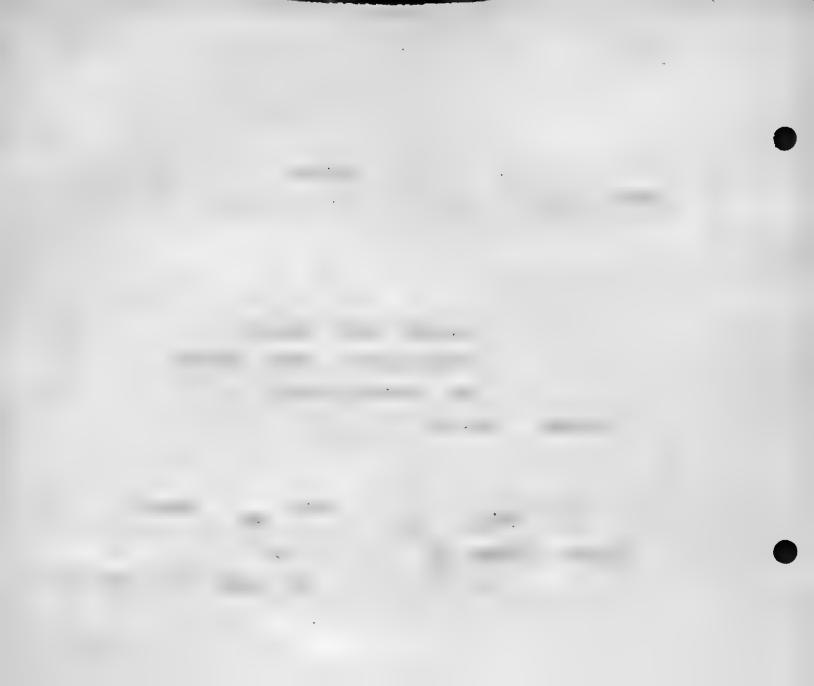
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institutions, Residence, before admission) a. COUNTY b. COUNTY a. STATE hours after MARYLAND b. CITY OR TOWN (if putside corpera) c. CITY OR TOWN (If outside-corporate limits, write RURAL end give nearest town) c. LENOTH OF STAY IN 1b walte RURAL and A d. STREET ADDRESS e. IS RESIDENCE not in hospital. give street address) filled ON A FARM? NO X YES I etely executed within Middle DATE Month Day Year NAME B Last 4. DECEASED OF DEATH 20 (Type or print) 19 AGE (In years ITFUNOER 1 YEAR IT UNDER 24 HRS SEX NEVER MARRIED last birthday) Months and co Days / Hours WIDOWED DIVORCED attending physician a ermit. Then please re m, or removal, and in 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT .= 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY COUNTRY? certificate FATHER'S NAME MOTHER'S MAIDEN INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. been signed by the attenthe burial-transit permit. It to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) death MG none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONS ET AND DEATH PART I, DEATH WAS CAUSED BY: or attending physician. "MEDIATE CAUSE (a). DUE TO Conditions, if env. which (b) gave rise to immediate **OUE TO** cause (a), stating the prior t underlying cause last as (c) CERTIFICATION WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate hat hed for use a tr. of Health p PERFORMED? YES X NO [ the hospital PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) After this certifit be detached for State Dept. of H 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, Page 4 may be retained by the TD FUNERAL DIRECTOR: After the director, page 3 should be defishould be filed with the State E factory, street, office bldg., etc.) Hour a.m. Not While at work at work ATTENDIN 1966 21. I certify that (I) (this hospital) attended the deceased from M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MEO. DIRECTOR M.D. PHYS ADDRESS PHYSICIAN'S 22d. 22c. NAME (Type)/ UNIV. BLUP (State) NAME OF CEMETERY OR BREMATORY 23c. BURIAL, CREMATION. (Specify) 2 **ADDRESS** FUNERAL DIRECTOR VR A15 (4) 15M 4-64



| 1/2 | ( Z  |         | DIVISION OF   | STATISTICAL R                                    | ESEARCH A            | ND RECORDS         | , 301 W. PRE                                    | TON STREET                      | , BALTIMORE           | 1, MARYLA                  | IND                        |
|-----|--|---------|---|--|----------------------|--------------------|---|---------------------------------|-----------------------|----------------------------|----------------------------|
|     | TIN .  | 1       | 153339  |  | CE                   | RTIFICAT           |   | TH 14/66                        | _ ma                  | (154)                      | 79                         |
|     | after<br>how   |         | PLACE OF DEATH                                      |  |                      | 13 U g 7 1 1 1     | 2. USUAL RE                                     |                                 | daceased livad, If in |                            | before admission           |
|     | 4 hours<br>by the fi<br>and 2 s<br>death.                              |         | Montgo  | outside corporate limits,                        | c. LÉN               | MARYLAND           | _ // 1 < 1                                      |                                 | b. COUNT              | 2127902                    | parast town)               |
|     | within 2<br>filled in<br>Pages 1<br>urs after                          |         | Bethes<br>H. NAME OF HOSPITA                        | AL OR INSTITUTION (IF                            | not in hospital, giv | re street address) | d. STREET AL                                    | odress do                       |                       |                            | IS RESIDENCE     ON A FARM |
|     | rcuted v<br>papers,  |         | LEAS PRES<br>NAME OF<br>DECEASED<br>(Type or print) | Slow of P  | PONCE                | M'ddle             | BUSCHER   | A. DATE                         |                       | Day                        | YES NO Vear                |
|     |  |         |   |  | ********             | Λ.                 | B DATE OF BIRTH                                 | DEAT                            | 9, AGE (In years      | E LINDER I VEAR            | 19 66<br>IF UNDER 24 HRS   |
|     | \$ \$4.3   |         | FEMALE  | 20111 1000                                       | WIDOWED N            | DIVORCED .         | 10 Nov  | 1 78857                         |                       | Months Days                | Hours Min.                 |
|     | icate<br>cian<br>ove<br>even   | 10a     | USUAL OCCUPATION                                    | ON (Give kind of work ing life, even if retired) | (-1)                 |                    | TRY 11. BIRTHPLAC                               | 81861                           | £21000                | 12. CITIZEN OF             | WHAT COUNTR                |
|     | h certificate be I physician apd se remove cerb in any event w         |         | HOUSE 44 :  |  | -                    |                    | 14. MOTHER'S A                                  |                                 | acylond               | 11.3.                      | <u>a</u>                   |
|     | death<br>ding<br>plea<br>plea  |         | James   | A Dove   |                      |                    | MARS  | acet A                          | Bucc                  | h.                         |                            |
|     | the<br>atter<br>hen<br>val, a  | 15.     | WAS DECEASED EVER                                   | IN U.S. ARMED FORCE                              | S?   16. SOCIAL      | SECURITY NO. 17    | INFORMANT                                       |                                 | Address               | ebys Rin                   | ze Cide.                   |
|     | that<br>n.<br>the<br>ii: 1   |         | 18. CAUSE OF DE                                     | ATH [Enter only one ca                           | use one line for le  | (h) and (s)        | 2RS Evel  | YN FOLC                         | y Bel                 | hesda 1                    | rval bětween               |
|     | ires<br>sicial<br>by<br>Serm   |         | PART I. DEATH                                       | WAS CAUSED BY:                                   | CONGES               |                    | DET FAIL  | URE                             |                       | ONS                        | ET AND DEATH               |
|     | phy:   |         | Ir.   | AMEDIATE CAUSE (a)  DUE TO                       |                      |                    |   |                                 |                       |                            |                            |
|     | law<br>ding<br>en si<br>I-trar<br>emat                                 |         | Conditions, if any,                                 | which ) (b) _                                    | ARTER                | 210 SCLERO         | tic Hear  | et Disi                         | EASE                  | 5                          | Yes                        |
|     | The attends berial   |         | gave rise to immediate [a], steting the un-         | A DUIL TO  | GENL                 | MOTERI             | SELEROS   | 2.5                             |                       | 10                         | VPC                        |
|     | or & or & the late buris   |         | PART II. OTHER                                      | (c)  |                      |                    |   |                                 | F CONDITION GIVE      | N IN PART I(a) 10          | WAS ALSTORS                |
|     | CLIA<br>spital<br>fifficat<br>as as                                    | CATION  |   |  | YELLITI              |                    | AND THE PERSON NAMED IN                         |                                 | e combinion dive      | Y                          | PERFORMED?                 |
|     | PHYS<br>the hos<br>this cert<br>of for us                              | CERTIFI | 208. ACCIDENT WAS                                   | S UNDERLYING DEATH                               | 20b. DESCRIBE H      | OW INJURY OCCU     | RRED. (Enter nature of                          | injury in Part I or Pa          | ert II of item 18.)   | ,                          |                            |
|     | NDING<br>sined by<br>R: After<br>detache<br>t: of Hea                  | MEDICAL | 20c. TIME OF INJUR<br>Hour e.m.<br>p.m.             | Y Month, Day, Year                               |                      |                    | LACE OF INJURY (Ho<br>actory, street, office bl | me, farm, 20f. (C<br>dg., elc.) | (ity or town)         | (County)                   | (State)                    |
|     | ATTENDIN be retained   ECTOR: Aft uld be detac.                        |         | 21. I certify the                                   | at (1) (this kespital<br>d alive on3 (           |                      |                    | n/955<br>at death occurred                      | 19, t                           |                       | , 19, th<br>nd on the date |                            |
|     | A may L DIR e 3 she the St   |         | 220. SIGNATURE                                      | les & Ke   | egan A               | 2 .                | ATTENDING PHYS.                                 | MED.<br>DIRECTOR                | STAFF PHYS.           |                            | 22b. DATE<br>SIGNE         |
|     | O HOSPITA<br>death. Page<br>O FUNERA<br>director, pag<br>be filed with |         | 22c. PHYSICIAN'S<br>NAME (Type)                     |  | ) ()                 |                    | 31S   | - L                             | St. NW.               | Wash. ?                    | 9C. 2000                   |
|     | TO HO<br>death.<br>TO FUI<br>directo                                   |         | REMOVAL (Specify)                                   | N, 23b. DATE THERE                               | 966 236.             | EAR                | HILL C  | EM. 501                         | TAND                  | or county)                 | MD.                        |
|     | VR A15 (4) (1) 20M 5-63  | 24      | funeral directory                                   | Tlaulon  | WA                   | SH D               | 2 D   | APR 12                          |                       | carles Je                  | ire<br>edge                |
|     |  |         |   |  |                      |                    |   |                                 |                       |                            |                            |

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAT MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) Montgomery Maryland b. COUNTY Montgomery a. STATE MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) Silver Spring exp. at home Olnev d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE Montgomery General Hospital DN A FARM? State hours 17701 Norwood Rd. NO 3. NAME OF Middle DATE Last Year DECEASED Butler OF DEATH Corinne 1966 April (Type or print) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Eclast birthday) Months I Devs Female Negro Hours 15. WIDOWED 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Thomas EXAMINER: This certificate should be executed within 24 houng certificate, writing the word "pending" in pencil In Item should be forwarded to the Chief Medical Examiner's Office Alcinda Hill 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Conditions, if any, which gave rise to immediate DUE TO cause (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CERTIFICATION WAS AUTDPSY PERFORMED? ND 3 should be agent, prior 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that Litopk charge of the remains described above, held an Autopsy Inspection and in my ppinion TO FUNERAL DIRECTOR: of Health or its design death resulted from: Natural-causes Accident Suicide Undetermined manner CRIPF MEDICAL EXAMINER և-7-66 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE for DEPUTY MEDICAL EXAMINER TX please ex director. reliained Address (Street, city, town, or county) Wheaton. Md. Belden R. Reap. NAME (Type) 23d. LDCATIDN (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Sharo Street Cemetery Sanay Spring, Mc. al. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL, DIRECTUR Rockville. VR ALSME (5) 1966

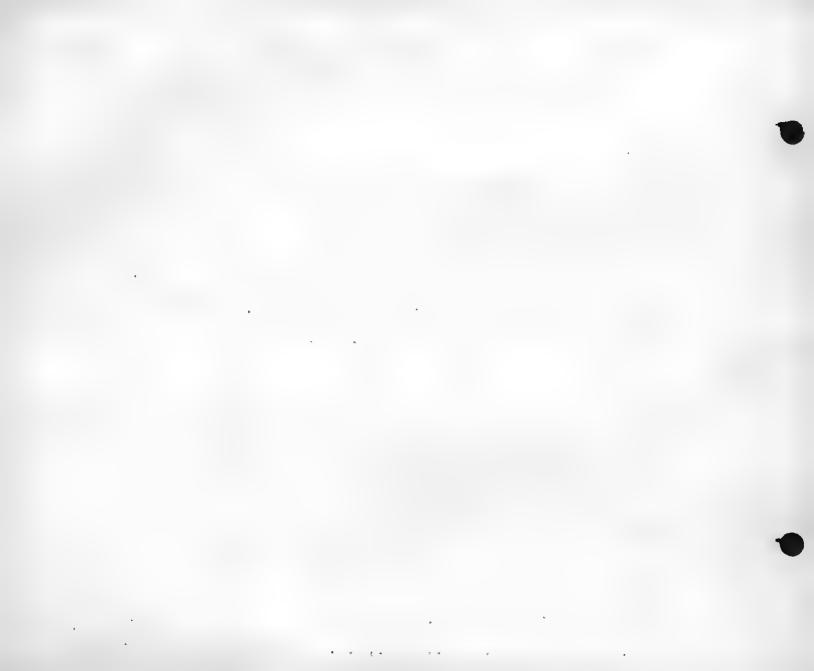


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05481 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. and funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission COUNTY any event, within 72 haurs after MARYLAND CITY OR TOWN (if outside corporate nmits. c. LENGTH OF STAY IN 16 c CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town) write RMRAL and give nearest town) d. STREET ADDRES papers. d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress) ON A FARM? YES NO Middle NAME OF First DATE Manth carbon Last 4. Day Year completely DECEASED OF mue (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE AGE (In years 7. MARRIED NEVER MARRIED remove Jast birthday) Manths Days WIDOWED DIVORCED attending physician and sermit. Then please rem 10a LSLAL OCCUPATION (Give kind af work dane doting most af working life every retired). 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11\_BIRTHPLACE (County & State, or faceign country) INDUSTRY Hardrer - Tytt-time 13 FATHER'S NAME ar remova 15 WAS DECEASED EVER IN US ARMED FORCES? (Yes, na, or unknown) (If yes give war or dates of service) INFORMANT 16. SOCIAL SECURITY NO burial, crematian, INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c)) signed by the burial-transit PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse ar attending the with the State Dept. of Health priar to this certificate has been far use as PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART, I(a) WAS AUTOPSY PERFORMED? NO 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Hame, farm, (State) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (City or town) (County) Hour a.m. factory, street, affice bldg., etc.) Nat While TO FUNERAL DIRECTOR: After be retained by 1966, ta 1966 , that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram\_ , and that death accurred at 250 M, fram causes and an the date stated above. saw the deceased alive an 4 22a. SIGNATURE 22b, DATE SIGNED **ATTENDING** DIRECTOR M.D PHYS. director, page should be filed ADDRESS 22c. PHYSICIAN'S sconsin Ave. Bethesda, Md. NAME (Type) KENT PETERSON 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify)
BURIAL PARK 24. FUNERAL DIRECTOR **ADDRESS** INC. FUNERAL HOME, 3900 GR.Ave., NW

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| 8  | 16  | 7   | 1               | MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR  | E. MARYLAND 21201                      |  |
|--|---|-----|-----------------|--|--|--|
| 1/   | . (1)   | 1   |                 | 05482 CERTIFICATE OF DEATH   | -                                      | 15482  |
| ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death | funeral<br>1 ond 2<br>er deotty   |     |                 | PLACE OF DEATH  a COUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceosed by a. STATE  a. STATE  DISTRICT OF   | b. COUNTY                              | /  |
| ours afte  | n by the funeral<br>s. Poges 1 ond 3<br>hours after deoth   |     |                 | write RURAL and give nearest tawn)  12 days 31/29:  WAS 6:02 TOWN  12 days 31/29:  WAS 6:02 TOWN   |  | earest tawn)                                   |
| in 24 h  | filled in I<br>popers.<br>thin 72 ho  | 7   |                 | Suburban  Suburban  Suburban  Statest ADDRESS  Statest AD | Branch RENG                            | e is residence<br>On a farm?<br>YES NO K       |
| ed with  | physician and completely filled in<br>ien please remove carbon poper<br>oval, and in any event, within 72   |     |                 | NAME OF DECEASED (Type or pnnt)  SEX 6 COLOR OR RACE 7 MARRIED DO NEVER MARRIED DO B. MATE OF BIRTH , 9. AGE   | Month  A PEIL  [In year] IF UNDER 1 YE | Doy Year<br>2/ 19 64<br>EAR   IF UNDER 24 HRS. |
| e execut   | and completely<br>remove carbon<br>in any event, with   |     | m               |  | birthday) Manths De                    | oys Hours Min                                  |
| ficote br  | ysician please  | 6   | July            | Tring most of working life, even if retired CARRY-Out Shop YORK PRINTS  FATHERS NAME  14. MOTHERS MAIDEN NAME,   | COUN                                   | T3A  |
| th certif  | attending phy<br>permit. Then<br>ion, or remove   |     | 15.             |  | Fabake<br>asado#2 abo                  |  |
| the dea  | physician. signed by the attending physician and control transit permit. Then please remoburial, cremation, or removal, and in any  |     | 7               | IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))   | pedis, Wif                             | INTERVAL BETWEEN                               |
| es thot  | physician.<br>signed by the<br>buriol-transit p   |     |                 | 5 8/0 DUE TO DUE TO  |  | ONSET AND DEATH                                |
| w requir   | ing physen sign<br>the burid  |     |                 | Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause (b) Cirrhasis of liver  (c) Cirrhasis of liver  |  | years_   |
| ol all:  | Page 4 may be retained by the hospital or attending <b>D FUNERAL DIRECTOR:</b> After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to | 2.  | ATION           | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN   | PART I(a)                              | 19. WAS AUTOPSY PERFORMED? YES NO              |
| rsician  | spitol or<br>tertification<br>hed for<br>t. of Hea  | , - | L CERTIFICATION | 20o ACCIDENT WAS UNDERLYING COME OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   | ·                                      |  |
| NG PH)   | y the his<br>ler this<br>e detact   |     | MEDICAL         | Hour a.m.  p.m.  19  While Not While factory, street, office bldg., etc.)  | y or town) (County                     | ```  |
| TENDI  | Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be calculd be filed with the State   |     |                 | 21. I certify that (I) (this haspital) attended the deceased fram action 1965, to 1965, to 1966, saw the deceased alive on 4/2/1966, and that death accurred at 3/2/20, SIGNATURE  | im causes and an the                   | date stated above                              |
| 98   | y be ref<br>DIREC<br>oge 3 s<br>filed wi  | ار  |                 | 22c. PHYSICIAN'S DA C = 0 CORUM M.D. ATTENDING DIRECTOR D  | STAFF PHYS. $\square$ $4/2$            | 2/65   |
| TO HOSPITAL  | UNERAL<br>Sctor, p  | ,   | 230             | BURIAL CREMATION.   23b. DATE THEREOF   23c NAME OF CEMETERY OR CREMATORY   23d. LOCATIO   |  | CTHILDA FO                                     |
| 10 H   | F-  |     |                 | Burial 4/25/66 Mt. Rose Cemetery York 4 FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR   | 256 REGISTRAR'S SIGN                   | ATURE  |
|  | VR A15 (4)  |     |                 | Jos Gawler's Sons, Inc., Wash., D.C. LDR 96 1066   | Milare                                 | udge.  |

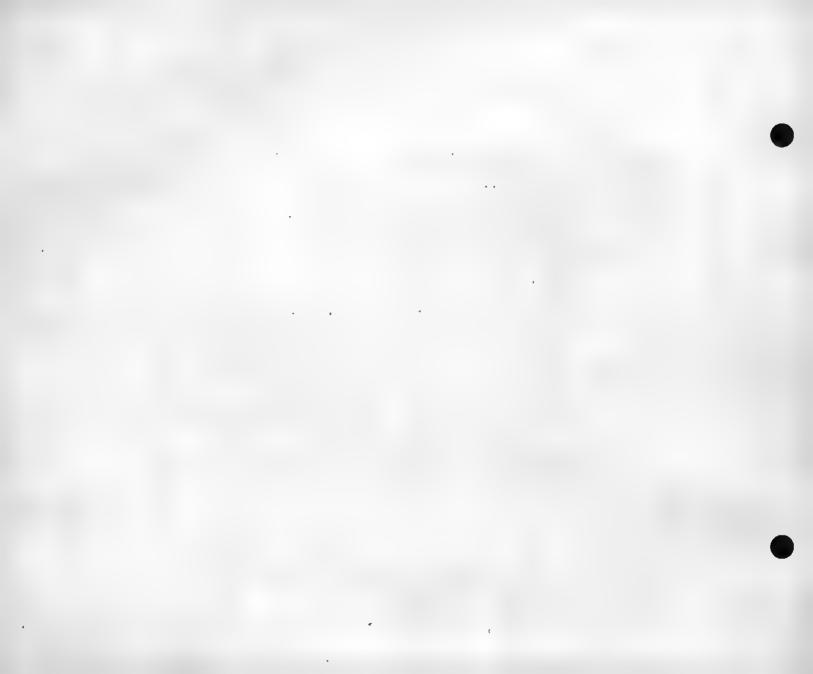


MARYLAND STATE DEPARTMENT OF HEALTH 0548; Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH monigomeno the funeral ages 1 and 2 s after death. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) **a** COUNTY o. STATE b. COUNTY papers. Pages 1 In 72 haurs after Montgomery MARYLAND b CITY OR TOWN (If guiside corocrate mits. LENGTH OF STAY IN 15 c CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) write RURAL and give nearest town) filled in ! d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. 15 RESIDENCE ON A FARM? hin 72 5053 MASSACHUS NO V 4. DATE OF DEATH NAME OF DECEASED 1966 ('ARR (Type or print) 05 A IF UNDER 1 YEAR AGE ( n years IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH lost birthdoy) Months Hours MIDOWED DIVORCED 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) Home COUNTRY? furing most of working life, even if retired) physician BAHIMORE 14. MOTHER'S MAIDEN NAME Homemaker remayal, Beacham INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war or dates of service) INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per une for (o), (b), and (c) )
PART | DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALLOISEASE CONDITION GIVEN IN PART 1(a) NO 205, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of Item 18.) 20o ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year Haur o.m. factory, street, affice bldg . etc.) Nat While at work 21. I certify that (1) (this hospital) attended the deseased fram... 19 6, and that death accurred at fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22o SIGNATURE ATTENDING PHYS STAFF PHYS. DIRECTOR director, page 3 shauld be filed v M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify)
Burlal Washington Rock Creek Cemeter 24. FUNERAL DIRECTOR Jos. Gawler's Sons, Inc., Wash., D.C. VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH **HEALTH DERT** PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND the funeral 5 may be Department after death. b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) WASHINGTON d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State hours YES NO X TARA WISCONSI 2, and PM3. NAME DE First Middle DATE Month Lest 4. Year DECEASED (Type or print) LEE CARTER DEATH APRIL 1966 Sylith Affilia 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED last birthday) Months | Days Hours FALE WIDOWED 39 DIVORCED event 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY **COUNTRY?** PHARMACIST PEOPLESNEW YORK U.S.A. along pages I in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BREDERIC CARTER THERESA MORGAN File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) permit. I removal, 18. CAUSE OF DEATH | Enter only one cause per line for (a). INTERVAL BETWEEN and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (a) cremation, "pending" Medical DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), steting the Chief eq. ed as a burial, underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE VERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY 119. CERTIFICATION PIRMEQ? š e YES NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 0 G DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) the certificate, writing 4 should be forwarded to 3 should tagent, pric MEDICAL 20c. TIME OF INJURY Month, Day, Year 120e. PLACE OF INJURY (Home, farm, -(State) 20d. INJURY OCCURRED (City or town) (County) factory, street, office bldg., etc.) Not While While CTOR: Page designated at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion FUNERAL DIRECTOR: Health or its design Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER for vour Page DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXPININER please ex director. retained f **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) /~ NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION. 23c. 23d. REMOVAL (Specify) jo 2 WRIA REC'D BY REGISTRAR FUNERAL DIBECTOR ADDRESS 25a. 25b. VR ALSME (5) DATE 1/65

| , _     | 1 /   | ~   |               |   | Divisian of STATIST   |                       |                                    |                |                                    | OF HEALTH<br>ON STREET, BA    |                                   | YLAND 212       | 201                             |                          |
|---------|---|-----|---------------|---|---|-----------------------|------------------------------------|----------------|------------------------------------|-------------------------------|-----------------------------------|-----------------|---------------------------------|--------------------------|
| April 1 | (1)   | VI. |               | 05485   | 5   |                       | CE                                 | RTIFICATI      | OF DE                              | ATH                           |                                   |                 | 054                             | 185                      |
|         | ate be executed within 24 hours after death ciam and campletely fille. in by the funeral lease remove carban papers. Pages 1 and 3 and in any event, within 72 hours after death  |     | 1 (           | LACE OF DEATH<br>O. COUNTY                                    | Montgomer   | У                     |                                    | MARYLAND       |                                    | Maryland                      | eceosed lived, if instit<br>b. CO | 14-4911         | ce befare adm                   | ,                        |
|         | by the Pages  |     | ŀ             | CITY OR TOWN (I<br>write RURAL and<br>Takona                  | f outside carparate limits,<br>f give nearest tawn)               |                       | c LENGTH O                         | STAY IN 16     | II .                               | WN (If autside co             | rporote limits, write l           | URAL and give   | neorest town                    | 1)                       |
|         | hau<br>in b<br>irs.<br>2 hau  |     | -             | I. NAME OF HOSPITA  | AL OR INSTITUTION (If no  | t in haspital, (      | jive street addr                   | ess)           | d. STREET AD                       |                               | B                                 |                 | e IS R                          | ESIDENCE<br>A FARM?      |
|         | fille<br>fille<br>pape<br>thin 7  | 7/  |               |   | <b>o</b> n Sanitari   | .um & H               | ospita                             | L              | 140                                | ) Blair                       | Mill Road                         | i               | YES [                           | NO X                     |
|         | I withii<br>etely fi<br>arban<br>it, with   |     | 3 1           | IAME OF<br>DECEASED<br>Type or print)                         | Firs<br>MAX   |                       | Mid                                |                | HIDEL.                             | 4 DA                          | ,                                 | r <u>il</u>     | Day<br>14                       | Year<br>19 66            |
|         | completely<br>nave carban<br>ny event, wil  |     | \$ 5          | EX<br>Male  | 6 COLOR OR RACE White   | 7, MARRIED<br>WIDOWED | NEVER /                            |                | B. DATE OF BIR July 4,             |                               | 9 AGE (In years<br>last birthday) | Months          | Doys Hou                        | IDER 24 HRS. Irs Min.    |
|         | e be ex<br>om and<br>ase rem<br>ndin on   |     | 10a           |   | If Give kind of work done   | 10b Ki                | ND OF BUSINES DUSTRY FOOD          | S OR           | 11. BIRTHPLA                       | CE (County & State,           | or foreign country)               | 12. CT<br>CO    | ZEN OF WHA<br>UNTRY?<br>U. S. J | T A .                    |
|         | ficate b  |     |               | FATHER S NAME   |   |                       |                                    |                | 14 MOTHER S                        | MAIDEN NAME                   |                                   |                 |                                 |                          |
|         | certi   |     |               |   | orris Chide   |                       |                                    |                |                                    | Uni                           | known                             |                 |                                 |                          |
|         | death<br>trendin  |     | 15.<br>(Ye    | WAS DECEASED EVE<br>5, na, or unknown)<br>NO                  | R in U.S. ARMED FORCES?<br>(If yes give war ar dates of           | service) 57'          | 50CIAL SECURIT<br>7 <b>-48-2</b> 0 |                | INFORMANT<br>s. Selm               | a Chidel                      |                                   | dress<br>e as 2 |                                 |                          |
|         | hat the a y the a ansit pe  |     |               | IB. CAUSE OF DE<br>PART I DEAT                                | ATH (Enter only one cous<br>H WAS CAUSED BY,<br>IMMEDIATE CAUSE ( | /1                    | (o), (b), and (c)                  | 1) al /        | Enne                               | reliag                        | Q ·                               |                 | INTERVAL<br>ONSET AM            | BETWEEN<br>D. DEATH      |
|         | TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital ar attending physician.  **O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicia■ and ca■pletely fille■ in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. **Instruction** remove carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, cremation, arrenage, and in any event, within 72 haurs after death. |     |               | Canditians, if any, rise to immediate stating the under last. | e cause (a), DUE  | (b)                   | ssen                               | teal           | Repo                               | erteus                        | lan'                              |                 | 1-g                             | us.                      |
|         | The for attence has be use as afth pria   |     | NOITA         | PART II. OTHER SIG  | GNIFICANT CONDITIONS CO   |                       | O DEATH BUT I                      | NOT RELATED TO | THE TERMINAL D                     | ISEASE CONDITION              | GIVEN IN PART 1(a)                |                 | 19 WAS A<br>PERFC<br>YES        | AUTOPSY<br>ORMED?        |
|         | <b>DING PHYSICIAN:</b> The faw raby the hospital ar attending Affer this certificate has been be detached for use as the State Dept. af Health priarta  |     | CERTIFICATION | 206 ACCIDENT WAS<br>OR CONTRIBUTING<br>(IF EITHER, NOTIFY     | S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)                   | 205. DE               | SCRIBE HOW IN                      | JURY OCCURRED  | (Enter nature of                   | injury in Part I o            | r Parl II of item 18.)            |                 |                                 | - Contract               |
|         | IG PHY the ho r this c detach ite Depl  |     | MEDICAL       |   | JRY Month, Doy, Year<br>n.  | 20d II<br>While       |                                    | e 🦳 fac        | CE OF INJURY (Hary, street, affice | lome, farm, 2<br>bldg., etc.) | Of. (City or town)                | (Cou            | inty)                           | (State)                  |
|         | ed by t: Afte pel be Sto  |     |               |   | <b>fy</b> that (I) (this haspeceased alive an                     | oital) atten          | ded the dec                        | eased fram_    | t death acc                        |                               | ta                                |                 |                                 | i) ( <del>we)</del> last |
|         | TO HOSPITAL OR ATTENDING PHYSICIAN: The faw n<br>Page 4 may be retained by the hospital ar attending<br>TO FUNERAL DIRECTOR: After this certificate has been<br>directar, page 3 shauld be defached for use as the<br>should be tiled with the State Dept. af Health priar ta   |     |               | 220. SIGNATURE  | muce  | Der                   | m H                                | 7,             | ATTENDING<br>D. PHYS.              | MED.                          | STAFF                             |                 | ATE SIGNED                      |                          |
|         | PITAL (may be ERAL Di   | 1   |               | 22c. PHYSICIAN S<br>NAME (Type)                               | SAMUEL  | DE                    | 5505                               | 5              | 22d. ADD                           | 62-18                         | st. IV.W.                         | WAS.            | 4. D.                           | <u>ر</u> .               |
|         | HOS<br>ige 4<br>FUNI<br>recto   |     |               | BUR AL, CREMATIC  |   |                       |                                    | OF CEMETERY OR |                                    |                               | d. LOCATION (City or              | Town)           | (County)                        | (State)                  |
|         | 5 5 5 p   | NP  |               | REMOYAL (Specify<br>Burial<br>FUNERAL DIRECTO                 |   | 7, 196                | 6 B'nai                            | <u>Israel</u>  | . Cemete                           | 2Sg REC'D BY RE               | Oxon Hill GISTRAR 25b             | REGISTRAR'S S   | IGNATURE                        | Md.                      |
|         | VR A15 (4)<br>20 M 1/66   |     |               |   | Funeral Hom   | e 42                  |                                    | Street         |                                    | a bolta 4                     | 9 1966 /                          | Clark           | es Jud                          | 12                       |



| 1 (M)  | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND   |
|--|--|
| N  | 05486 CERTIFICATE OF DEATH 05486   |
| after death. the funeral ges 1 and 2 after death   | 1. PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY  |
| rs afte<br>by the<br>Pages<br>urs afte   | b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town)  |
| hours<br>ed in by<br>ers. Pa   | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d. STREET ADDRESS e. IS RESIDENCE  |
| n 24<br>y filler<br>pape<br>thin 72  | Kensington Cardens Sanitarium 4923 Brandywine St. N.W. VES NO  |
| executed within 24 hours and completely filled in by remove carbon papers. Pager any event, within 72 hours  | 3. NAME OF DECEASED (Type or print) Re Deceased Charless Death April 1966  |
| cuted<br>d com<br>love c   | 5 SEX   6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (10 years   FUNDER 1 YEAR   FUNDER 24 HRS. last bithday) Months   Days   Hours   Min.  |
|  | DIVORCED DIVORCED DOUBLE DIVORCED DIVOR |
|  | Housewife (Cernantown Md.) (C.S. H.  |
| death certificate<br>ne attending obysi<br>pormit. Then be   | James E. koaman Matilda Gloud  |
| eath certifi<br>attending,<br>srmit. The   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address  |
|  | no Rensington Gardens Sanitarium Records  18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  Kensington, Md JNTERVAL BETWEEN   |
| # · % Z #  | PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Co. Curding failure -  |
| ires that the physician. I signed by iburial-transit   | conditions is any which ) DUE TO CATTAINS Les to heart discourse - 50 Decars   |
| eqmires<br>ing phy<br>seen si<br>the bur<br>to bur   | gave rise to immediate cause (a), stating the DUE TO   |
| law r<br>ttend<br>has b<br>as t<br>prior   | underlying cause last. (c) lovely were well-   |
| The lor a loate or use lealth  | S Generalize degrentes asterocliste  |
| ICIAN:<br>ospita<br>certif<br>hed fo   | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |
| VG PHYSICIAN: The law regulres that by the hospital or attending physician ter lis certificate has been signed be detached for use as the burial-traited bept, of Health prior to burial, critical perior to burial, critical period per | 3 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)   |
| OR ATTENDING DE CETAINED BY INFECTOR: After See See With the State   | Hour a.m. p.m.  19   While at work   Not While   Pactory, steet, blue blug, etc.)  21. I certify that (I) (this hospital) attended the deceased from 4 - 2 , 19 66, to 4 - 1 , 19 66, that (I) (we) last   |
| ATTEN<br>TEASING CTORS<br>Shoull ith the   | saw the deceased alive on 1900, and that death occurred at 3 M, from the causes and on the date stated above.  |
| y be possible and while while willed w   | Cefred C Handron M.D. ATTENDING MED. STAFF   4 _ 11-66_  |
| HOSPITAL OR ATTENDIB<br>Page 4 may be retained<br>FUNERAL DIRECTOR. Af<br>director, page 3 should I<br>should be filled with the S   | 22c. PHYSIGIAN'S NAME TYPE) ALPRED R. HENDERSON, MO 3201 WISCONSIN AVE WAST INGTON, OC.  |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law required Page 4 may be retained by the hospital or attending 1 TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the bashould be filed with the State Dept. of Health prior to   | 23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) (State)  Removal (Spacify)   14/13/66   Rock Creek Cemetery Washington, D. C.   |
| UD server  | 24. FUNERAL DIRECTOR The S.H. Hines Co. Washington, D. C. ADD 4 8 4000 CC.   |
| YR A15 (4)<br>15M 4-64   | DATK 1 2 1966   [Charles Judge   |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH and 2 24 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY COUNTY Pages 1 urs after MARYLAND papers. Page. b. CITY OR TOWN (if outside corporate limits, c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b write RURAL and give nearest town) lakoma Md d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET e. IS RESIDEN Kirklynn Ave YES NO 1 executed within etely pou NAME OF First Middle DATE Month Day Year DECEASED id wood (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 9. 7. MARRIED NEVER MARRIED remo WIDOWED DIVORCED [ 8 physician n please r val, and in 5 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Cive kind of work done) 11. BIRTHPLACE (County & State, of foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY cotland death certificate attending phy ermit. Then p n. or removal, MOTHER'S MAIDEN NAME in signed by the attend burial-transit permit. Surial, cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that th Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which 7017 (b) peen gave rise to immediate 書き DUE TO cause (a), stating the as th underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for use should be filed with the State Dept. of Health PERFORM ? NO YES 20a. ACCIDENT WAS UNDERLYING [ DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part | of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED (State) 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from that (I) (we)—last and that death occurred at A.M. from the causes and on the date stated above. saw the deceased alive or 22a. SICNATURE 22b. ATTENDING M.D. PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) NAME OF CEMETERY/OR CREMATORY BURIAL, CREMATION, DATE THEREOF 23c. 23d. LOCATION (City; town or county) (State 23a. REMOVAL (Specify) . [] UNERALI DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. / REGISTRAR'S VR ALS 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death: hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY at a MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b bon papers. Pag within 72 hours ,5 PASINGTON 665 d. NAME OF MOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS a. IS RESIDENCE ON A FARM? NO 🖂 antlar YES within contribletely carbon NAME OF First Middle Last DATE Month Day DECEASED event, 13-(Type or print) DEATH 1966 executed SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years last birthday) 9. IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. Months Days Hours any WIDOWED | DIVORCED [ E 10a. USUALOCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY physician in please reval, and in 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHA COUNTRY? HOUSEWY FATHER'S NAME death certificate attending physical plant of removal, a 14. MOTHER'S MAIDEN NAME 1900 signed by the attend burial-transit permit. burial, cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 17. (Yes, no, for unknown) | (If yes trive war or dates of service) Ó UNICHOWN CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) been signed the burial-tr or to burial, c **DUE TO** Cenditions, If any, which gave rise to Immediate DUE TO cause (a), stating the prior 20 underlying cause last. 38 (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health use PERFORMED? certificate YES NO C PHYBICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) r this certi detached te Dept. of ö OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 120e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work After While OR ATTENDING I p.m. 19 at work should ith the v 21. I certify that (!) If his hespital) attended the deceased from 19.64, that (I) (we) last DIRECTOR: age 3 should iled with the 19.62 to saw the deceased alive of and that death occurred at 2 A M. from the causes and on the date stated above 22a. SIGNATURE DATE SIGNED 22b. page **ATTENDING** MED. M.D. DIRECTOR PHYS. Page 4 may 22c. PHYSICIAN'S 22d. ADDRESS director, p should be 1 NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) 23c. LOCATION (City, town or county) MEMOYAL (Specify) PORMEUT 1966 FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 200:12 20M 1/65



| 1  |               | DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND   |
|--|---------------|--|
| F. 1827  |               | 05489 CERTIFICATE OF DEATH (15489)   |
| after death. the funeral ges 1 and 2 after death   | , 1.          | PLACE DF DEATH  2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) a. STATE b. COUNTY  b. COUNTY  |
| after after  |               | 1/00/90mER9 MARYLAND   |
|  |               | b. CLTY OR TOWN (if outside popporate limits, write RURAL and give nearest town)  white RURAL and give nearest town)  C. CLTY OR TOWN (if outside corporate limits, write RURAL and give nearest town)   |
| 24 Imrs filled in by papers. Papers in 72 hours  |               | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS    B. IS RESIDENCE DN A FARM?   |
| n 24 n 24 pape pape thin 7   | _             | SUDUCDAN 8/2 GRANCIN HUE, YES NOB  |
| ite be executed within 24 livision and completely filled please remove carbon paper, and in any event, within 72   | 3.            | NAME OF DECEASED First Middle Last 4. DATE DECEASED OF DEATH L-29 1966   |
| com ke c   | 5.            | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. ACE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.   |
| execute<br>and cor<br>remove   | 100           |  |
| be ician ase nd ir   | dy            | ing most of working life, even if retired)   INDUSTRY)   O O O O O O O O O O O O O O O O O O   |
| certificate be<br>nding physicia<br>Then please<br>removal, and  | 13            | FATHER'S NAME 1 14 MOTHER'S MAIDEN NAME 1  |
| ertifu<br>Ilng I<br>Ther<br>emov   |               | Joseph REE Clagett Scace Collins   |
| th ca<br>ttend<br>or n   | 15<br>(Yı     | WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (If yes give war or dates of service)  Address  |
| death<br>he atter<br>permit  | -             | 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  |
| the in.  by the ansit  |               | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAROLLANIA MANAGEMENT ONSET AND DEATH 2 Notes -   |
| that<br>sicia<br>gned<br>al-tra  |               | +30/ DUE TO B  |
| physical signatures of the signature of  |               | gave rise to immediate (b) Conditions, If any, which (b) Conditions Allering (b)   |
| red<br>nding<br>bee<br>the   |               | cause (a), stating the DUE TD underlying cause last.   |
| atter<br>atter<br>has<br>e as<br>c as  | NOL           | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  |
| The all or use the all   | FICA          | YES NO CO-   |
| OR ATTENDING PHYSICIAN: The law requires that the death certificate be be retained by the hospital or attending physician.  SIRECTOR: After this certificate has been signed by the attending physician ge 3 should be detached for use as the burial-transit permit. Then please led with the State Dept. of Health prior to burial, cremation, or removal, and in  | CERTIFICATION | 20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |
| PHYS<br>the h<br>this<br>detac   | MEDICAL       | 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)   40  |
| ING I by the last the | MED           | p.m. 19 at work at work  |
| ATTENDIN<br>retained b<br>CTOR: Aft  | L             | 21. I certify that (I) (this hospital) attended the deceased from 1966, that (I) (we) last saw the deceased alive on 1864, that (I) (we) last saw the deceased alive on 1864, and that death occurred at 1864, from the causes and on the date stated above.   |
| ATT ATT STEELE WITH WITH WITH  |               | 22a. SIGNATURE 22b. DATE SIGNED  |
| ay be base filed   |               | M.D. ATTENDING MED. STAFF DIRECTOR DIRE |
| SPITA<br>4 mi<br>for, p  |               | 22d. ADDRESS Rockville, Maryland   |
| TO HOSPITAL OR ATTENDIN<br>Page 4 may be retained b<br>TO FUNERAL DIRECTOR: Aft<br>director, page 3 should b<br>should be filed with the SS  | 23            | DEMOVAL (Specify)  |
| <b>F F S</b>   | 27            | Burial 5/2/66 St. Mary's Rockville, Maryland  FUNERAL DIRECTOR ADDRESS   25a, REC'D BY REGISTRAR   25b, REGISTRAR'S SIGNATURE  |
| VR A15 (4)   |               | yson "heeler Funeral Home-1331 Rockville Pill 3 1966 Charles Judge   |
| 20M 1/65   | -             | Rockville, Maryland  |



| -1   |   | Division of STATIS                                   |                               |                              |                | PARTMENT OF HI<br>W. PRESTON STRE            |                         | ORE, MARYI                          | AND 21201                 |                              |
|--|---|--|-------------------------------|------------------------------|----------------|--|-------------------------|-------------------------------------|---------------------------|------------------------------|
|  | 05490   | )  |                               | CERTIFI                      | CATE           | OF DEATH                                     |                         |                                     | ()                        | 5490                         |
| 1  | PLACE OF DEATH<br>o. COUNTY<br>MONTGO                   | MERY   |                               | MARYL                        |                | 2 USUAL RESIDENCE (1<br>g. STATE<br>MARYLANI | 0                       | b. coul                             | TOMERY                    |                              |
|  | ULNEY   | (If outside corporate irmit<br>id give nearest town) |                               | 7 DAYS                       | ìb             | SILVER                                       |                         | e limits, write RU                  | 12                        | - /                          |
|  |   | TAL OR INSTITUTION (IF in                            |                               |                              |                | d STREET ADDRESS                             |                         |                                     |                           | e IS RESIDENCE<br>ON A FARM? |
| _  |   | MERY GENERA  |                               |                              |                | 13325 NE                                     |                         |                                     |                           | YES NO X                     |
|  | NAME OF<br>DECEASED<br>(Type or print)                  | MARGUERI   |                               | VIRGINIA                     |                | CLARK  | 4. DATE<br>OII<br>DEATH | APRIL                               | 19                        | 19 66                        |
| S  | FEMALE  | 6 COLOR OR RACE WHITE                                | 7. MARRIED<br>WIDOWED         | NEVER MARRIED  DIVORCED      |                | 8×20×98 8-2                                  | 25-98                   | AGE (In years last birthdoy) 67 yrs | Months Days               | Hours Min.                   |
| 1(<br>di   | on USUAL OCCUPATIO                                      | N (G ve kind of work done                            |                               | ND OF BUSINESS OR<br>DUSTRY  |                | 11. BIRTHPLACE (County                       |                         | eign country)                       | 12 CITIZEN OF<br>COUNTRY? |                              |
| 1  | HOUSEWIFE   |  |                               |                              | me ,           | MARYLAND                                     |                         |                                     |                           | USA                          |
| ı  | 3 FATHER'S NAME   | T  |                               |                              |                | 14. MOTHER'S MAIDEN                          |                         |                                     |                           |                              |
| _  |   | TURNER   | 1 12                          | COCHAI CECUDITY NO           | 1 17 19        | ELIZA CI                                     | LARK                    | Addr                                |                           |                              |
| (  | Yes, no, or unknown)                                    | (If yes give wor or dates                            | of service)                   | social security no.<br>Vo ce | 17 11          | MEDICAL RE                                   | CORDS                   |                                     | NEY, MARY                 | LAND                         |
|  | Conditions, if on rise to immedia stating the undulast. | te couse (o),<br>erlying couse                       | (o)<br>10<br>(t)<br>10<br>(c) | tern z                       | Me.            | ended.                                       | Just<br>Just<br>Just    | prea                                | 4                         | K S                          |
| CATHON   | PART II. OTHER S  |  |                               |                              |                | HE TERMINAL DISEASE COI                      |                         |                                     | (7 y                      | WAS AUTOPSY PERSORMED? ES NO |
| 20c ACCIDENT WAS UNDERLYING   20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II or Port III of item II or Port III of item III or Port III or P |   |  |                               |                              |                |  |                         |                                     |                           |                              |
| 9 = To e   E   nm 19 ot work   ot work   |   |  |                               |                              | (City or fown) | (County)                                     | (Stote)                 |                                     |                           |                              |
| saw the deceased alive an 19 bb., and that death occurred at 8:25 AM, fram lauses and  |   |  |                               |                              |                | and on the dat                               |                         |                                     |                           |                              |
|  |   |  | 1/4/                          | 100                          | 1.M            |  | MED.<br>DIRECTOR        | STAFF PHYS.                         | 4/19/66                   |                              |
|  | 22c PHYSICIAN<br>NAME (Type                             |  | LIGO                          |                              |                | 22d. ADDRESS MEDICAL                         |                         | August Services                     |                           |                              |
|  | 30 BUR AL, CREMAT<br>REMOVAL (Specif                    | 1) 22 Appa   | EREOF<br>1966                 | 2 4 1 2 1 1                  | ole (          | Co setery                                    | prin                    | ATION (City or To                   | e Co., M                  | d. (Stole)                   |
| -  | 24. FUNERAL DIRECT                                      | Perchapu   | mes                           | 134 ADDRESS SAL              |                | Md. DATE                                     | R 25                    | 966 25b.                            | COLUMN CONTRACTOR         | indge.                       |



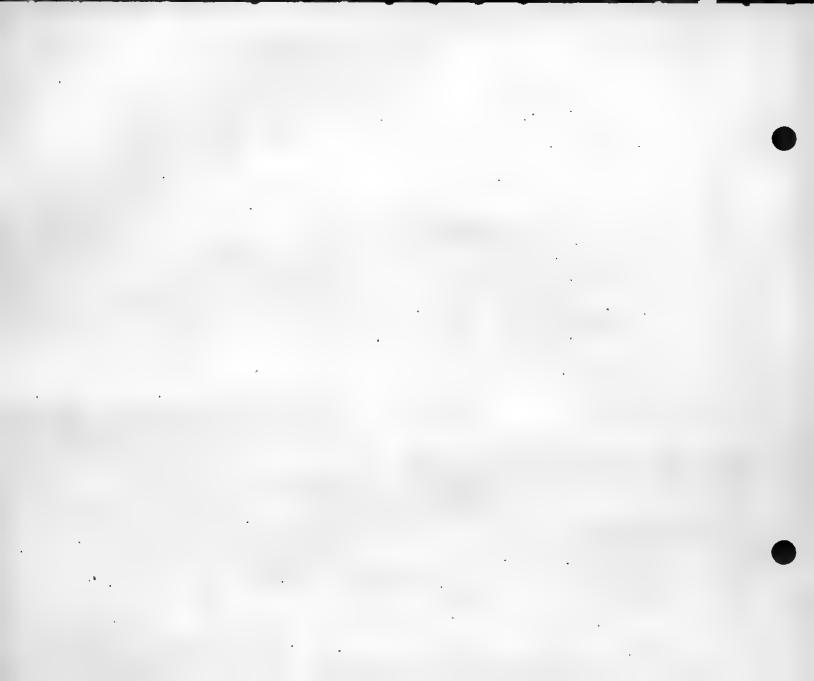
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in Ary event, within 72 hours after death

> VR AI5 (4) 20M 1/65

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

| -  |               | UCINCOJ.   | OLKINICATI                       | L OI DEATH                     |  | 11004311                      |
|----|---------------|--|----------------------------------|--------------------------------|--|-------------------------------|
|    | 1.            | PLACE OF DEATH   |                                  | 2. USUAL RESIDENCE (W          | here deceased lived, If institution: R | esidence hefore admission)    |
|    |               | a. COUNTY MIOLLA MINA  |                                  | a. STATE                       | b. COUNTY                              | a Suc. 1                      |
|    |               |  | MARYLAND<br>LENGTH OF STAY IN 1b | a CITY OR TOWN (If outel       | de corporate limits, write BURAL       | and also nearest town)        |
|    |               | write RURAL and give nearest town  |                                  | //                             | 010. 1                                 | and Risa negrees round        |
|    |               | Sapima lack  | 3 weeks                          |                                | allege Pack                            | , , ,                         |
| ,  |               | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital   | al, give street address)         | d. STREET ADDRESS              | )                                      | 9. IS RESIDENCE<br>ON A FARM? |
| 1  |               | Walkerylor Januarium V   | Hospital                         | 9215 N                         | avidson since                          | YES NO                        |
|    | 3.            | DECEMENT   | Middle                           |                                | DATE Month                             | Day Year                      |
|    |               | (Type or print)  | 5,                               | CLARK                          | DEATH Upsil 1                          | 7 1966                        |
|    | 5.            | SEX 6. COLOR OR RACE 7. MARRIED  | NEVER MARRIED 8                  | DATE OF BIRTH                  | 9. AGE (M. years   IF UNDER            | 1 YEAR IF UNDER 24 HRS.       |
|    | -             | MALL WHITE WIDOWED IT  | DIVORCED                         | Auc. 1, 189.                   | last birthday) Months                  | Days Hours Min.               |
|    | 10a           | a, USUAL OCCUPATION (Give kind of work done   10b. KIND C  |                                  | 11. BIRTHPLACE (County &       | k State, of foreign country)   12. CI  | TIZEN OF WHAT                 |
|    | dur           | iring most of working life, even it-retired)  NOUS  NOUS Express Kall  | May Every                        | new-U                          | nk CTly 9                              | JUNITRY2                      |
|    | 13.           |  | my span                          | 14. MOTHER'S MAIDEN NA         | AME O                                  | 1,0,0                         |
|    |               | En douk  |                                  | Dollar                         | 15 bi                                  |                               |
|    | 16            | E WAR THE TOTAL OF | AL APAURITHANA TAR               | DECELL.                        | 7 - TOURCE                             |                               |
|    | (Ya           | 5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCI  | ALSECURITYNO. 17.                | 11                             | Address                                | Come atta                     |
|    |               | NU 1/12  | 12 6025 110                      | vs. Kacherine                  | C. Dryenport                           | prome as 2)                   |
|    |               | 18. CAUSE OF DEATH [Enter only one cause per line for  | or (a), (b), and (c).]           |                                |  | INTERVAL BETWEEN              |
|    |               | PART I. DEATH WAS CAUSED BY:   | CARDIAL =                        | INFARCTION                     |  | ONSET AND DEATH               |
|    | Н             | 42.1   |                                  |                                |  |                               |
|    |               | Conditions if any which \  |                                  |                                |  |                               |
|    |               | gave rise to immediate   |                                  |                                |  |                               |
|    |               | cause (a), stating the DUE TO  | ALCZED ADU                       | ALCED ARTER                    | INSCLEROSIE                            | 2 455                         |
|    | <u> </u>      |  |                                  |                                |  | 119. WAS AUTOPSY              |
| ~  |               | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING   |                                  | IED IO INE LEKWINALDIZENS      | SE CONDITION GIVEN IN PART 1(4)        | PERFORMED?                    |
| do | 100           | UREMIA   |                                  |                                |  | YES NO                        |
|    | CERTIFICATION | 2Da. ACCIDENT WAS UNDERLYING   2Db. DESCI<br>OR CONTRIBUTING   CAUSE OF DEATH<br>(IF EITHER, NOTIFY MEDICAL EXAMINER)  | RIBE HOW INJURY OCCU             | RRED. (Enter nature of injur   | y In Part I or Part II of Item 18.     | )                             |
|    | إز            | 20c. TIME OF INJURY Month, Day, Year   2Dd. INJUR  | Y OCCURRED   20e. PLAC           | CE OF INJURY (Home, farm,      | 20f. (City or town) (Cou               | nty) (State)                  |
|    | MEDICAL       | Hour a.m. 1 While -  |                                  | y, street, office bldg., etc.) | 201. (011) 01 10411) (000              | (0.000)                       |
|    | 띭             | p.m. 19 at work  | at work                          |                                |  |                               |
|    |               | 21. I certify that (I) (this hospital) attended the  |                                  |                                |  | ے, that (I) (we) last         |
|    |               | saw the deceased alive on APR 17   | <u>19_66</u> , and that          | death occurred at 1 F          | M, from the causes and on the          |                               |
|    |               | 22a. SIGNATURE   |                                  |                                |  | ATE SIGNED                    |
|    |               | toberis - tren   | M.D.                             | . PHYS. MED. DIREC             | TOR PHYS. AP                           | R 18, 1966                    |
|    |               | 22c. PHYSICIAN'S   |                                  | 22d. ADDRESS                   | 01 11 11 11                            | 1 11                          |
| 1  |               | NAME (Type) COBERT D   | LREY                             | 7105 Riggs                     | Kd. Hyattsvil                          | le, Md.                       |
|    | 23a           | a. BURIAL CREMATION, 23b. DATE THEREOF 23  | NAME OF CEMETERY                 | OR CREMATORY   23              | d. LOCATION (City town or cou          | inty) (State)                 |
|    |               | PSWIN Opril 21. 1966   | the OU HO                        | Even Cemeter                   | Delly Aneny                            | Muyland                       |
|    | 24            | 4.4 FUNERAL DIRECTOR   | ADDRESS/)                        | 25a. REC/D BY                  | REGISTRAR   250/ REGISTRAR             | S SIGNATURE                   |
| 1  | 5             | Jakoma Fungal Home In 25   | 4 Cerroll S                      | HAWKOATE 2                     | 0 1966 House                           | of Judge.                     |
| 34 | <u> </u>      | THE DATE OF THE XX   | 7 COUNTY                         | ALL TANKS                      |  | -0                            |



| 1 &  | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND   |
|--|--|
| F 700 5  | 05492 CERTIFICATE OF DEATH (15492)   |
| after death.  the funeral ages 1 and 2 after death.  | 1. PLACE OF DEATH  a. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission to county be county busses.  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission to county busses.  MARYLAND   |
| ours<br>in by<br>nours   | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town write, RURAL and give nearest town)    C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  |
|  | 3. NAME OF DECEASED (Type or print) TANC (Lill CORKIE) DEATH April 28 19 66  |
| icate be executed physician and conditions and conditions with any every and the part of t | 5. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED |
| ath certificate attending physicmit. Then please, or remayala  | 13. FATHER'S NAME  George W. EXXXX Coakley  14. MOTHER'S MAIDEN NAME  9 sabella Hoe Godfrey  15. WAS DEFEASED EVER IN U.S. ARMED FORCES?  (Ves. No. of Inflower)   (If the pine was of dates of Service)   16. SOCIAL SECURITY NO.   17. INFORMANT  Address ALEXANDRI.   |
| he de<br>y the<br>sit pe<br>mation   | 18. CAUSE OF DEATH LENter only one cause per line for (a), (b), and (c). I  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  DUE TO  147-36-869(D) amea L. Lamb 2/68 (UAKE Field Ct.  Lamb 2/68 (UAKE Field Ct.  INTERVAL BETWEEN ONSET AND DEATH  ONSET AND DEATH  |
| PNYSICIAN: The law requires that the hospital or attending physician, this certificate has been signed betached for use as the burial-trane Dept. of Health prior to burial, cre   | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (b) Use Conditions Clearly But and Least But are cause (a), stating the underlying cause last.  (c) Deable (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?   |
| PHYSICIAN: The Is<br>the hospital or at<br>this certificate in<br>tetached for use<br>5 Dept. of Health is   | 20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)  NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)  |
| क क व द  | Hour s.m. p.m.  19   While   Not While   factory, street, office bidg., etc.)   21. I certify that (i) (this hospital) attended, the deceased from 4/2/, 19 66 to april 10, 19 65 that (i) (we) last   |
| O HOSPITAL OR ATTENDIN<br>Page 4 may be retained by<br>FUNERAL DIRECTOR. Afi<br>director, page 3 should b  | saw the deceased alive on April 25 1969, and that death occurred at 330M, from the causes and on the date stated above 22a. SIGNATURE  ATTENDING MED. STAFF 22b. DATE SIGNED  ATTENDING DIRECTOR PHYS. 4-29-66  22c. PHYSICIAN'S NAME (Type) George Sharpe  10511 Summit Avenue, Kensington, Md.   |
| TO HOSPITAL Page 4 may TO FUNERAL director, pa   | 238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  REMOVAL (Specify) 2 May 1966 Greenfield Cemetery Hempstead, New York  ADDRESS 250. RECIT BY REGISTRAL'S SIGNATURE   |
| VR AI5 (4)<br>2DM 1/65   | Watner E. Pumphrey, Inc. Silver Spring, Md. DAMAY 5 1968 Icharles Judge.   |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND executed within 24 hours after death, 15493 CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, 15 Institution: Residence before admission) b. COUNTY // the f MARYLAND completely filled in by the re carbon papers. Pages event, within 72 hours aft CITY OR TOWN (if outside corporate limits, watte RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RDRAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give strent/address) O. STREET ADDRESS B. IS RESIDENCE ON A FARM? NO DO YES DAZE NAME DE Middle Last Month Day DECEASED (Type or print) DEATH and com AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED SC NEVER MARRIED [ WIDOWED [ DIVORCED physician an please ruyal, and in E 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR BPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INDUSTRY **<b>○COUNTRY?** Then pl FATHER'S NAME MOTHER'S MAIDEN NAME LE. WAS DECEASED EVER IN U.S. ARMED FORCES? ed by the attend transit permit. cremation, or re 16. SOCIAL SECURITY NO. INFORMANT 17. (If yes gife war or dates of service) (Yes no, or unkown) INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH transi PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) signed I been signer the burial-t DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. \$2 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? The certificate YES ZANO 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) tached fleet, of OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING p.m. 19 at work at work be retained þ 21. I certify that (I) (this\_hospital) attended the deceased from. that (I) (we)-last DIRECTOR: age 3 should illed with the saw the deceased alive on and that death occurred at 2552M, from the causes and on the date stated above. DATE SIGNED 22a. SIGNATURE director, page should be filed MED. DIRECTOR Page 4 may HOSPITAL FUNERAL 22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 REMOVAL (Specify) Buria Arlington Com l Andrian Standard Standard Signature THORESS S ons S Wisc. ve VR #15 (4) 20M 1/65



| V 1 (W)  | Items 18&21 Film G376MARYLANDISTATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND   |
|--|---|
| FOR STATE  | 05494 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (1549)  |
| HEALTH DEPT.   | 1. PLACE DF DEATH a. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY  |
| sary,<br>y be<br>ment<br>eath.   | Mont comery b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)  MARYLAND Virginia Fairfax c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| lay i Accessary, 13 to the funeral Page 5 may be state Department ours after death.  | Olney DOA Falls Church  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?   |
| ST A ST A 3  | Montgomery General Hospital Patrick Henry Drive YES ND  |
| any dela<br>2, and 3<br>PM3, P<br>the Str<br>72 hou  | 3. NAME OF First Middle Last 4. DATE Month Day Year OF OF OF DEATH April 4 1966   |
| 単位   | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS.   Months   Days   Hours   Min.  |
| 5 4 E See  | Female White WIDOWED N DIVORCED April 3, 1907 59 yrs.   102. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?                                 |
| urs after of n 18. Give a along with pages 1 ar in any even  | Saleslady Dept. Store Michigan USA  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME   |
| 24 hours I tem 11s Office al File pag  | Franklin Pinnegar Edith Irish  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANI Address  |
| 2 0 0 4  | (Yes, no, or unknown) (If yes give war or dates of service) No  Daughter & Medical Records Olney, Md.   |
| executed within ading" in pencil in lical Examiner's altransit permit.   | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:  A CULT O MYSICAL POLICIA ON:  |
| xecute<br>ling" i<br>cal Ex<br>transi<br>tion, o   | 7 7 0   DUE TO  |
| Med  | Conditions, if any, which gave rise to immediate (cause (a), stating the DUE TO   |
| shoul<br>word<br>Chief<br>chief<br>as a<br>rial, (   | underlying cause last. (c) Generalized arteriosclerosis   |
| certificate should be<br>riting the word "per<br>ded to the Chief Med<br>ld be used as a buriz<br>prior to burial, crem                  | PERFORMED? YES ND   |
| NER. This certificate should ficate, writing the word 'be forwarded to the Chief ge 3 should be used as a bed agent, prior to burial, ci | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PERFORMED?  YES ND  2Da. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  2Da. CAUSE OF DEATH. |
| EXAMINER: This certificate, windered be forwardles.  R: Page 3 shousignated agent,   | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAGE OF INJURY (Home, farm, factory, street, office bldg., etc.)    County  |
| MINE<br>rtific<br>d be<br>d be<br>ated   | p.m. 19 at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection , Inquiry , and In my opinion   |
| 7 5 2 5 5  | death resulted from: Natural causes X, Accident , Suicide , Momicide , Undetermined manner  |
| EDICA<br>Unte de de de your your its   | ACTUAL SIGNATURE SIGNATURE ACTUAL ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED  |
| A to A to A  | EXAMINER'S BELDEN R. REAP M.D. Address (Street, city, town, or county) MU 5, 1966   |
| to DEPUT<br>please e<br>director.<br>retained<br>to FUNER<br>of Healti   | 238 BURIAL, CREMATION, 23b. DATE THEREOF 23C. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  |
| 6  | 24. FUNERAL DIRECTOR   ADDRESS   25a. REC'D BY REGISTRAR'S SIGNATURE  |
| VR A15ME   | Ely Ferreral Home - Justicer - Herndon la DAPR 14 1966 Ichander Judge.  |

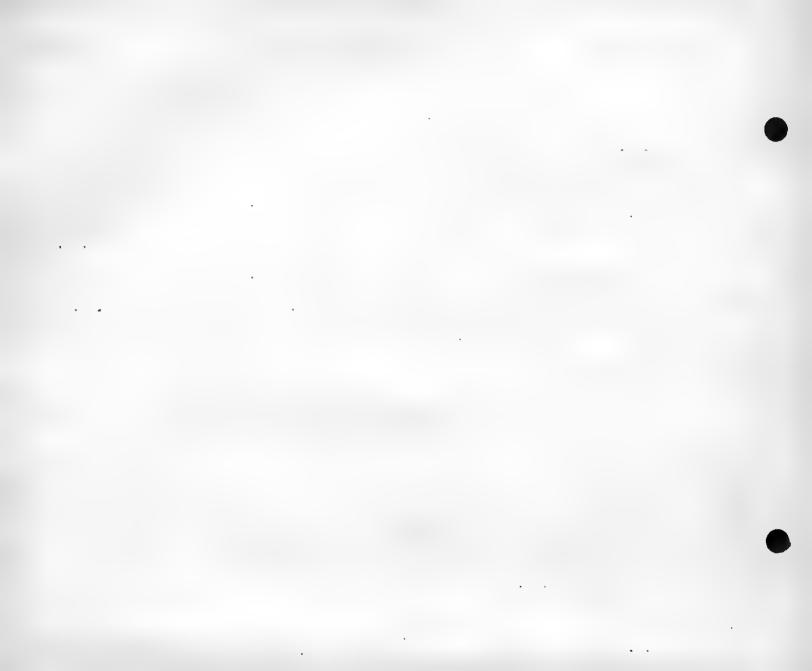


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05495 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) o COUNTY P ġ, MARYLAND Department b CITY OR TOWN (It autside carparate limits, c .ENGTH OF STAY IN 16 autside carparate limits, write RURAL and give newest town) offer NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street d. STREET ADDRESS IS RESIDENC hours ON A FARM YES Give Pages after death alang with 3 NAME OF First & Middle DATE DECEASED OF DEATH (Type or print) S SEX 6 FOLOR OR RACE AGE (In years UNDER 24 HR 7 MARRIED NEVER MARRIED Months Dovs Hours AIN D VORCED haurs WIDOWED 10a JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT during rest of working life, even fretired INDUSTRY 72110100 .⊆ AUD Examiner's pages pentil 13 FATHER S NAME 14. MOTHER-S MAIDEN NAME \_ File and 15 WAS DEPEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT 17 be executed (Yes no, of Jaknown) (If yes give war or dates of service removal 18 CAUSE OF DEATH (Enter only one couse per no forma), (b) and (c)) NTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY NONSET AND DEATH ä IMMEDIATE CAUSE (o) ward certificate should 163 X cremation, DUE TO Conditions, flony which gove rise to immediate cause (a). DUE TO stating the underlying cause forwarded last. burial, 1 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) YES the certificate. 2 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB.) shauld agent, prior PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. (City or fown) 20c TIME OF INJURY Month, Doy Year (State) Hour o.m. factory, street, office bidg., etc.) Not While FUNERAL DIRECTOR: Page please execute at work designated 21. I certify that I taak charge of the remains described obove, held an Autopsy Inspection Inquiry X and in my apinion funeral director. death resulted from Accident Natural causes Suicide Homicide | Undetermined manner be retained CHIFF MEDICAL EXAMINER **ACTUAL** 5 may be reta
TO FUNERAL DII
Health or its d 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY (datess (siteet, city, tawn, ar county) NAME (Type) the 23d LOCATION (City of Town) DATE THEREOF column FUNERAL DIRECTOR VR A15ME (5) 6M 1/66

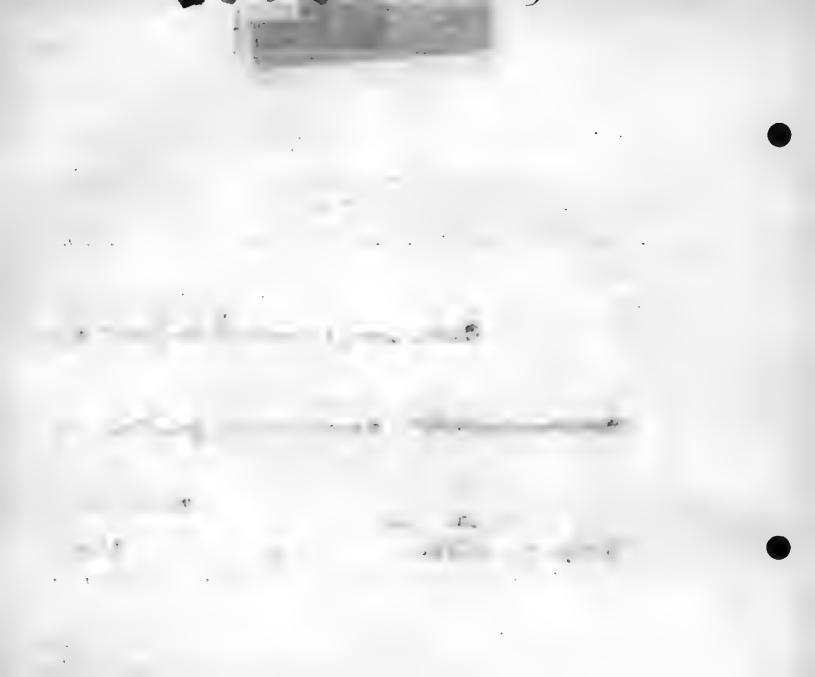


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05496 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY b COUNTY North Carolina Montgomery MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If outside corporate mits, C LENGTH OF STAY IN TO bon papers. Pag , within 72 haurs Bethesda (rural) 5 days Tarawa Terrace e. IS RESIDENCE ON A FARM? = d NAME OF HOSP-TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS U. S. Naval Hospital Bethesda, Maryland 3007 Saipan Drive YES | NO K Middle 4 DATE 3. NAME OF Last Month and completely f DECEASED (Type or print) Debra Elaine April 19 66 Cook DEATH 9. AGE (In years S. SEX NEVER MARRIED 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED lost birthday) 10 Feb 1966 Caucasian MIDOWED DIVORCED Female 11. BIRTHPLACE (County & State, or foreign country) f2, CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working tite, even it retired) INDUSTRY COUNTRY? and Jacksonville. Fla 13. FATHER'S NAME f4. MOTHER'S MAIDEN NAME signed by the attending phys burial-transit permit. Then p burial, crematian, or removal, Linda J. Anderson Larry L. Cook 15 WAS DECEASED EVER IN 5 ARMED FORCES? (Yes, p.g., or unknown) ((If yes give war or dotes of service) 17 INFORMANT 3007 Saipan Morive 16. SOCIAL SECURITY NO Larry L. Cook Tarawa Terrace, N. C. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. Bronchopneumonia IMMEDIATE CAUSE (o) the haspital ar attending physician DUE TO Conditions, if any, which gove (b) rise to immediate cause (a), DUE TO stating the underlying couse fo FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should he filed with the State Dept, at Health priar to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES NO 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part f or Part II of item f8.) 200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) 20c TIME OF INJURY Month, Day, Year Not While foctory, street, affice bldg., etc.) ot work 21 I certify that (1) (this hospital) attended the deceased fram April 13 , 19 66, to April 17 , 19 66, that (1) (we) las Page 4 may be retained saw the deceased alive on April 17 1966, and that death occurred at 150th M, from causes and on the date stated above 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. 18 April 1966 M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) Lynch U. S. Naval Hospital. Bethesda. Md. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 230 BURIAL, CREMATION, BREMOVAL (Specify) Cadiz, Kentucky East End Cemetery 25b. REGISTRAR'S SIGNATURE 86570008550rgia Avenue 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) Miarles W.W. Chambers Funeral Home Silver Spring. Md. 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



| 1 1  | MARYLAND STATE DEPARTMENT OF HEALTH  |  |  |  |
|--|--|--|--|--|
|  | DIVISION OF STATISTICAL RESEARCH AND RESONANCE OF W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF SCATH   |  |  |  |
| funeral funeral funeral funeral  | 1. PLACE OF DEATH  1. PLACE OF D |  |  |  |
| e fun  | a. STATE D. COUNTY DE  |  |  |  |
| # # s#   | b. CITY OR-TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)  |  |  |  |
| hours a<br>d in by<br>rs. Pag  | Silver Spring 19 Lays Sleaver IN Raise   |  |  |  |
| 24 tho filled i sapers. in 72 th   | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS  ON A FARM?   |  |  |  |
|  | Hely Cross Hospital 8319 / ency Branch Rd. YES NOW   |  |  |  |
| fexecuted within 24 linguals and completely filled remove carbon paper on any event, within 72.  | 3. NAME OF DECEASED (Type or print) Stanleys (See See Cont. OF DEATH 4 22 1966   |  |  |  |
| rted w<br>compl<br>ve car  |  |  |  |  |
| execute<br>and cor<br>remove   | Market Market Market Min.  |  |  |  |
| in a rei   | 10a. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR during most of working life, even if retired)   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or Tofeign country)   12. CITIZEN OF WHAT COUNTRY?   |  |  |  |
| icate be physician in please reval, and in   | Ret. Research Chemist Wavy Dept. U.S. Gout. Cincinnati Ohio U.S. A.  |  |  |  |
| phy val, val,  | 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME   |  |  |  |
| certifica<br>nding ph<br>Then pr   | Charles Cook Alice McCaffrey   |  |  |  |
| atli certi<br>attending<br>smit. Th  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)  2.5. U.S. OZSOL SECURITY NO. 17. INFORMANT 831.9 Pipey Branch Road,   |  |  |  |
| lea<br>he a<br>peri  | No! None 215-46-0380 Edna P. Cook Silver Spring, Maryland  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  No!  None  215-46-0380 Edna P. Cook Silver Spring, Maryland  INTERVAL BETWEEN  |  |  |  |
| requirus that the leatli certifical ling physician. been signed by the attending phy the burial-transit permit. Then to burial, cremation, or removal  | PART I. DEATH WAS CAUSED BY:   |  |  |  |
| Ts that the objection is signed by urial-transformer ourial, crem  | IMMEDIATE CAUSE (a).   |  |  |  |
| phys<br>phys<br>buris<br>buris   | Conditions, if any, which ) (b)  |  |  |  |
| requirms that maining physicial been signed the burial-trick for to burial-trick for to burial, and the burial, th | gave rise to immediate cause (a), stating the DUE TO   |  |  |  |
| law re<br>ettendi<br>has be<br>n prior   | underlying cause last. ) (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) (19. WAS AUTOPSY  |  |  |  |
| N: The latal or attificate health processed to the second or the second  | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury) in Part II of litem 18.)  |  |  |  |
| TIAN: The ospital or a certificate the for us to Health  | 20a. ACCIDENT WAS UNDERLYING []   20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of Item 18.)  |  |  |  |
| hosp<br>cer<br>ched<br>pt. o   |  |  |  |  |
| FHYELEAN: The law requirms that the hospital or attending physician. This certificate has been signed detached for use as the burial-trante Dept. of Health prior to burial, ore   | 20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (County) (State)   20f. (City or town) (County)   20f. (City or town) (State)   20f. (City or town) (County)   20f. (City or town) (County) (City or town) (County)   20f. (City or town) (City or    |  |  |  |
| State of the state |  |  |  |  |
| L OR ATTEMEING<br>y be retained by<br>OIRECTOR. After<br>age 3 should be   | 21. I certify that (1) (this hospital) attended the deceased from 4/3/66, 1966, to 4/2-1924 that (1) (we) last   |  |  |  |
| ATT<br>reta<br>ccro<br>with  | saw the deceased alive on 19 19 and that death occurred att. OPM, from the causes and on the date stated above.  |  |  |  |
| D be con the control of the control  | M.O. ATTENDING MED. STAFF   4/23/16  |  |  |  |
| ITAL<br>may<br>RAL<br>c. pa  | 22c. PHYSICIAN'S 22d. AOORES   |  |  |  |
| Page 4 may be of Funeral DIR director, page should be filed v  | MICHOL J.WILL D 1013 SPETING SEE SPETING, 14.  |  |  |  |
| Page Spine   | 23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify)  Burial 26 April 1966 Parklaum Cemetery Rockville, Maryland   |  |  |  |
| 0  | 24 SUNIEDAD DIRECTOR ADDRESS A |  |  |  |
| VR AIS (4)   | Warner E. Pumphrey, Inc. Silver Spring, Nd. OARDD 97 1966 Charles Judge  |  |  |  |
| 20M 1/65   | MYN 2 1 1300 1   |  |  |  |



tems lower rile Go/o Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05498 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) delay I. ind 3 to Page o COUNTY o STATE ġ, death onlaomeri MARY, AND an b CTY OR TOWN (If outside corporate) CLENGTH OF STAY IN In (If outside corporate ( m ts. write RURAY and give nearest lown) 2, u. PM3. P rite Rukkt and give nearest lawy after Bethesda d NAME OF HOSP TAL OR INSTITUTION Of not in hospital, give street address) Edgemore Lane IS RESIDENC haurs ON A FARMA Pages ate YES 18. Give Page alang with f 3 NAME OF Middle Š DATE DECEASED the within (Type or print) DEATH ( T) DATE OF BIRTH AGE (In years IF UNDER I YEAR F UNDER 24 HRS NEVER MARRIED 11/22/04 Glast b rthdoy) Months Davs Hours haurs WIDOWED DIVORCED event tem ) IDo USUA, OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 24 Carpenter Building Maryland
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME pencil E be executed with Exam Edmund B. Coolidge Margaret E. Bohrer Ele Ele and 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit (Yes, no, or unknown) (If yes give wor or dates of service) remaval, Margaret E. Coolidge Item # 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ) INTERVAL BETWEEN burral-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Asphyxia due to acute, severe, laryngeal ŏ IMMEDIATE CAUSE (o) certificate should writing the ward crematian, DUE TO Conditions, if any, which gove edema, etiology unknown. rise to immediate couse (a). farwarded ta DUE TO stating the underlying couse used as burial, a 33 los! PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? 19 FICATION please execute the certificate. NO 2 2Da EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of term 18.) should **EXAMINER:** CAUSE OF DEATH 2Dc T ME OF INJURY Month, Doy, Year 2Dd NJJRY OCCURRED 2De PLACE OF INJURY (Home farm (City or fown) (County) (Stote) factory, street, office bldg., etc.) DIRECTOR: Page While Not While of work of work designated 21 I certify that I took charge of the remains described above, held an Autapsy Inspection X Inquiry X for and in my opinion director. Natural causes X death resulted from Arcident Suicide Homicide | Undetermined manner retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED Its ASSISTANT MEDICAL EXAMINER may be re SIGNATURE / funeral TO DEPUTY 5 may be TO FUNERAL Health ar 1 **EXAMINER'S** Address (Street, cTy, town, or county) NAME (Type) the 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION. (County) (Stote) REMOVAL (Specify) 4/22/66 Rockville Rockville, Maryland Burial 24 FUNERAL DIRECTOR 2Sb. REGISTRAR S SIGNATURE 1331 Rockville Pike 25o. REC'D BY REGISTRAR VR A15ME (5) Milanelen Tyson Wheeler Rockville, Maryland 6M 1/66



| . 4                                     | 1                             | - 1 | Items 18-21 Film G376 MARYLAND STATE DEPARTMENT OF HEALTH  |               |
|---|-------------------------------|-----|--|---------------|
| l,                                      | - France                      | - 1 | Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND   |               |
| FOR S                                   | TATE                          |     | MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15400  |               |
| HEALTH                                  | DEPT                          | ,   | PLACE OF DEATH   11.2 INSUAL RESIDENCE (Where decrased lived, if institution); Residence before admiss   | sion          |
|   | " TEA                         | 1   | a. COUNTY  a. STATE  b. COUNTY   |               |
| 200                                     | FE                            | 1   | MONTE OMERY  MARYLAND  MA. Monte  Monte  D. CITY OR TOWN III outside corporate limits,   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to   | IWD.          |
| cessary,<br>e funeral<br>may be         | E.B.                          | ·   | write RURAL and give nearest town)   | 71113         |
| 0, ro                                   | e =                           | _ } | E HAME OF HOSPITAL DE ASTITUTION (if not in hospital, give street address) of STREET ADDRESS a. IS RESIDE  | NCF           |
|   | at a                          | ~   | ON A FARM  | $\overline{}$ |
| lay<br>3 th                             | State                         | r 7 | Manufacturery General Hospital   18700 New Hampshire Ave.   YES   NO Name of Pirst   Month Day Year  | 닏             |
| any del<br>2, and<br>PM3.               | THE STATE OF                  | 3   | DECEASED   |               |
| P. 22                                   | -                             | -1  | (Type or print) Clarence Edward Cooper DEATH April 17 1966  SEX   6. COLOR OR RACE   7. MARDIED   7. NEVER MARDIED   18. DATE OF BIRTH   9. AGE (In years IF UNDER 14 EAR)   19. AGE (IN years IF UN |               |
| n. II.                                  | with                          | - i | last birthdey) Months Davs Hours N   | лка<br>/In.   |
|   | d 2<br>nt w                   | ļ   | Male Negro WIDOWED DIVORCED 2/12/43 23 yrs.  |               |
| ve Pa                                   | event                         | - 1 | Oa. USUAL OCCUPATION (Giva kind of work dona IDb. KIND OF BUSINESS OR Ed. 11. BIRTHPLACE (Stata or foreign country) 12. CITIZEN OF WHAT COUNTRY?   |               |
| 5 E 54                                  | s 1                           | Į   | Monte County   Maryland   US   |               |
| 18,<br>alon                             | 926                           |     | 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME  |               |
| P P P P P P P P P P P P P P P P P P P   | and i                         | 1   | Charles Henry Phomas Adell Cooper  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address Decease   18.   |               |
| 25<br>0<br>0<br>1<br>1                  | <u> </u>                      |     | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Brinklow Brinklow  |               |
| E S                                     | nit.                          |     | No 213-10-9890 Adell Thomas 18700 New Hampshire Ave  |               |
| uted with<br>" in penci<br>Examiner     | ermit.<br>remova              |     | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]  |               |
| ted<br>in                               | 書も                            |     | PART I. DEATH WAS CAUSED BY: Gunshot wound, neck and chest,  |               |
| be execu<br>"pending"<br>Medical        | burial-tramit<br>remation, or |     | 981X DUE TO  |               |
| e die                                   | burial-tral<br>cremation,     |     | Conditions, if say, which (b) with massive secondary hemorrhage  |               |
|   |                               |     | gave rise to immadiate (   |               |
| shoul<br>word<br>Chief                  | 8 <u>18</u>                   |     | underlying cause last, (c)   | 7 .           |
| ate si                                  | d a                           |     | PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOP PERFORMET YES NO  20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.  Deceased shot in reported altercation   | SY<br>3?      |
| 를 를 를 들                                 | used<br>to bu                 | i   | YES X NO   |               |
| The second                              | should be<br>ent, prior       |     | 2Da. EXTERNAL CAUSE WAS PRIMARY (1) or CONTRIBUTING (2) CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter natura of Injury in Part I or Part II of Itam 18.) Deceased shot in reported altercation  |               |
| rde Titte                               | 声름                            |     | CAUSE OF DEATH. Deceased shot in reported altercation  |               |
| R: This cer<br>ate, writin<br>forwarded | sho<br>ent                    |     | 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 208. PLACE OF INJURY (Roma, farm, 20f. (City or town) (County) factory, street, office bldg, etc.)   | e)            |
| E SE                                    | က္ဆ                           |     |  | d.            |
| M THE                                   | Pag.<br>atec                  |     | 21. I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection 🔀. Inquiry 🔀 and In my opin   | nioi          |
| 25 25 4<br>25 25 4                      | Fig.                          |     | death resulted from Natural causes . Accident . Suicide . Homicide X, Undetermined manner  |               |
| 344                                     | E S                           |     | CHIEF MEDICAL EXAMINER   |               |
| ute 4                                   | DIRECTO<br>r its des          |     | SIGNATURE Delden C. Cap M.D. ASSISTANT MEDICAL EXAMINER [] 22. DATE SIGN   | NED           |
| Page 5                                  |                               | 1   | DEPUTY MEDICAL EXAMPLES 1/6 1/12/10  | 1             |
| e con                                   | 調整                            | X   | NAME (Type) BELDEN K. REAF / Caddress (Street, city, town, Dr. County) GREAT, 176  | ) (C          |
| D DEPUT<br>please (<br>director.        | FUNERAL<br>Realth             |     | 38. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Abon or county) (State  | )             |
| Pag :                                   | T P                           | 0   | Buriar 4/20/66 Ash Memorial Sandy Spring, Md.  |               |
|   |                               | 4   | ANDRESS 252. AFGID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE   |               |
| VR AT                                   | 5ME (5)                       | V   | when he was Rockville, No.   |               |



| 1  | MIARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA  | \ND                                |
|--|--|------------------------------------|
| # EZEIV  | 05500 CERTIFICATE OF DEATH   | 500 _                              |
| hours after death.  I in by the funeral rs. Pages 1 and 2 rs. hours after death.   | 71. PLACE OF DEATH a. COUNTY a. COUNTY D. COUN | <i>t</i> .                         |
| hours after<br>1 in by the f<br>s. Pages 1<br>hours after  | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1D  C. CITY OF TOWN (if outside corporate limits, write RURAL and give nearest town)  Bethesila  19 days  | ,                                  |
| n 24 h<br>y filled<br>papers   | Suburban Hospitai. 9310 alangilla Rd   | IS RÉSIDENCE<br>ON A FARM?<br>S ND |
| rted within<br>completely<br>re carbon p   | 3. NAME OF PIRST PORT PORT OF STREET OF STREET PORT OF STREET BEATH 4/21/66  | Year<br>19                         |
| xecu<br>and<br>any   | WIDOWED   DIVORCED   9-/1-/0   3 3 Vrs.  | Hours Min.                         |
| ase nd in  | 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR dryg most of working life, even if retited)  CHASE OF THE COUNTRY!  COUNTRY!   | S.A.                               |
| death certificate<br>le attending physi<br>permit. Then phe<br>ion, or removal, a  | John F. Cox Sabelle Milligen   |                                    |
| e death certific<br>the attending p<br>it permit. Then<br>nation, or remove  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Nes. rig., or unknown) (If yes give war or dates of service) (16. SOCIAL SECURITY NO. 17. INFORMANT Address Social Service)   | ع                                  |
|  |  | AL BETWEEN                         |
| physical phy | Conditions, if any, which gave rise to immediate Dur TO  | years                              |
| law requi<br>attending<br>has been<br>e as the l   | cause (a), stating the underlying cause last. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. Y   | VAS AUTOPSY                        |
| AN: The I<br>pital or af<br>prificate I<br>d for use<br>of Health  | 5 obesity- Bilateral previous  | PERFORMED?                         |
| PHYSICIAN:<br>the hospital<br>this certifi<br>detached fo<br>e Dept. of H  |  | (Stete)                            |
| NG<br>by<br>be<br>be<br>state  | p.m. 19 Gat work at work   | t (I) (ma) lant                    |
| OR ATTENDIN<br>y be retained ly<br>y be retained ly<br>y be retained ly<br>gge 3 should be<br>lied with the Si   | 21. I certify that (I) (this hospital) attended the deceased from 4 , 1966, that saw the deceased alive on 1966, and that death occurred at M, from the causes and on the date saw the deceased alive on 1966, and that death occurred at M, from the causes and on the date saw the deceased alive on 1966, that  | stated above.                      |
| TAL OR may be AL DIRE 3 page 3 e filed v   | 220. PHYSIGIAN'S NAME (Type) TO THE STAFF   22d. ADDRESS   | . 0                                |
| TO HOSPITAL OR ATTENDI<br>Page 4 may be retained<br>O FUNERAL DIRECTOR: A<br>director, page 3 should<br>should be filed with the S   | 1833 sige 77 10:00 m   | (Stete)                            |
| E E E  | 23a. BURIAL CREMATION, 23b. DATE THEREOF 23c/ NAME OF CEMETERY OR CREMATORY /23d. LOCATION (City, town or county)  REMOVAL (Specify) 4/27/10   | URE                                |
| VR A15 (4)<br>15M 4-64   | M. K. Hunterian Jone 3752 9a TVE 1 DATE PR 25 1966 fellarles Ju  | 7                                  |

12 tens sins ( . j. . m.)
9310 invene 1.1

4,20

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY a. STATE Maryland b. COUNTY Montgomery Montgomery oon papers. Pages 1 within 72 hours after MARYLAND by the Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b Bethesda 57 Days E Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? The Clinical Center, Bethesda 14, Maryland 9002 Lindale Drive NO X YES etely certificate be executed within 3. NAME DE Day DATE Month Year DECEASED 19 66 DEATH April 9 (Type or print) Crawhall Hilary Joan 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 8. DATE OF BIRTH 9. and een 22 June 1960 White Female WIDDWED F 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR physician INDUSTRY COUNTRY? England and England Child 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Pamela Joyce Handoll John C. Crawhall 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyes give war or dates of service) 16. SOCIAL SECURITY NO. | 17. INFORMANT The Medical Records. transit permit. The Clinical Center, Bethesda 14. Maryland None INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] n signed by the burial-transit burial, crema PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Toxic Hepatitis month DUE TO for Acute Lymphocytic Leukemia 18 months Conditions, if any, which Prestment (b) this certificate has been letached for use as the brogen Dept. of Health prior to b gave rise to immediate DUE TO cause (a), stating underlying cause last. CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES 7 NO [ DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that \$0 (this hospital) attended the deceased from 11 February, 1966, to 9 April 0 . 19 66 . that 30 (we) last TO FUNERAL DIRECTOR: 19 66, and that death occurred at :55 M, from the causes and on the date stated above. saw the deceased alive on 9 April 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. 9 April 1966 M.D. DIRECTOR Clinical Center, National 22c. PHYSICIAN'S NAME (Type) Berton Zbar M.D. Institutes of Health, Bethesda 14. Md. 23d. LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE ...IEREOF 23c. NAME OF CEMETERY OR CREMATORY Cedar Hill
ADDRESS Grematory Suitland. 4-11-56 remation FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR Bethesda, Maryland APR PUMPHREY VR A15 (4) R 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 05502 requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY **b** COUNTY Montgomery Maryland MARYLAND c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) b CITY OR TOWN (if autside corporate limits, c. LENGTH OF STAY IN 16 write Bethesda (Tural) 164 days Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3 Bristol Drive U. S. Naval Hospital YES NO 2 3. NAME OF Middle 4. DATE Month Doy Year DECEASED CRESSWELL April 19 66 Baker 25 Lenard (Type or print) DEATH IF UNDER 1 YEAR lease remove c S SEX 6 COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost pirthday) Hours July 18, 1901 male Cauc WIDOWED DIVORCED physician and c 10a USUAL OCCUPAT ON (Give kind of work done 106. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY ? Lexington, Mississippi USA 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the attending phys burial-transit permit. Then p burial, cremation, ar remaval, Ella Meek Baker Oliver May Cresswell WAS DECEASED EVER NULS ARMED FORCES? 17. INFORMANT Annapolis. Md. Address 16. SOCIAL SECURITY NO (Yes, no, orunknown) (If yes give war or dotes of service) 6-18-24 to 6-30-56 425 78 0653 Mrs. Emilia B. Cresswell, 3 Bristol Dr./ INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) Bacterial endocarditis associated with PART 1 DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. bronchial pneumonia DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse TO FUNIRAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? detached for use to Dept. of Health Severe generalized arteriosclerosis NO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) 21. I certify that (% (this haspital) attended the deceased fram Nov. 22 , 1966, ta April 25, 1966, that (% (we) last saw the deceased alive on April 25 1966, and that death accurred at 750A M, from causes and on the date stated above. director, page 3 shauld should be filed with the saw the deceased olive on April 25 22b. DATE SIGNED 22o. SIGNATURE-**ATTENDING** STAFF PHYS April 26, 1966 DIRECTOR . M.D. U. S. Naval Hospital, Bethesda, Md. 22c. PHYSICIAN'S S. J. Barcay, M. D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) BANY Sopory) April 28,1966 rlington National Cemetery Arlington, Virginia 24 FUNERAL DIRECTOR. A. Pumphrey FuneralDDHome 25b. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR VR A15 (III) 7557 Wisconsin Ave., Bethesda, Md. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05503 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death by the funera! PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission. a. COUNTY o. STATE b. COUNTY TONT GOMER b CITY OR TOWN (If outside corporate I mits r LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rite RURAL and give nearest town PA TOA apers. OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 700 G YES NO 🗔 NAME OF Middle DATE Month Lost Dov Year DECEASED ARTHUR OF DEATH ROR (Type or print) 1966 signed by the attending physician and camp burial-transit permit. Then please remaye IF UNDER 1 YEAR 7 MARRIED **NEVER MARRIED** AGE IF UNDER 24 HRS. n years lost birthday) Months Doys Hours WIDOWED DIVORCED OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) しつら INDUSTRY BUSTON-MASS BUSIMES AgenT 13. FATHER S NAME 14. MOTHER S MAIDEN NAME remaya JOW AM WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, ar unknown) (If yes give war or dates of service Ö Blanche il ( ronu. burial, crematian, 18. CAUSE OF DEATH (Enter only one cause per lyne, for (o), (b), and (c). INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician DUE TO 3 moult Conditions, if only, which gave (b) rise to immediate cause (o) DUE TO stating the underlying couse C FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should he filed with the State Dept. of Health prior to tost PARLUL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO YES 20o. ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, affice bldg., etc.) While Not While of work at wark 21 1 certify that (1) (this hospital) attended the deceased from\_ sow the deceased alive on and that death accurred at \$\sqrt{2}\$ P. M. from causes and on the date stated above 220. SIGNATURE 22b. DATE SIGNED M.D DIRECTOR 22d. ADDRESS PHYSICIAN'S NAME (Type) BURIAL, CREMATION DATE THEREOF 23a. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 400 ( O PKL. Ft Lincoln Cemetery **FUNERAL DIRECTOR** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05504 HEALTH DEPT. 1. PLACE DE GEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission, a. COUNTY strict of Montgomery MARYLAND the funeral 5 may be b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 20 minutes Washington Bethesda (rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) # STREET ANDRESS ON A FARM? 5415 Connecticut Ave., U. S. Naval Hospital NO X Stat NAME OF DATE Month First Day Year DECEASED 19 66 (Type or print) Elizabeth Cunningham DEATH April Laura AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 9, 7. MARRIEO A NEVER MARRIEO last birthday) Months 2 W Feb. Davs Hours 1 Cauc Female l and event 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

INDUSTRY 12. CITIZEN OF WHAT 11. RIRTHPLACE (State or foreign country) COUNTRY? Lexington, Mass. Dept. store buver 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Sheves John Dinan File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unitown) (if yes tive war or dates of service) permit. I Mr. John W. Cunningham. 5415 Conn. Ave. N.W./ no INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), } ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congestive heart failure burial-transit IMMEDIATE CAUSE (a) cremation, DUE TO Arteriosclerotic cardiovascular disease Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), steting the 60 used as a to burial, o underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? NO T YESKIX DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 3 ■hould bagent, price MEDICAL 20c. TIME OF INJURY Month, Oav. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While DIRECTOR, Page or its designated at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry 7 and in my opinion **Undetermined** manner Homicide death resulted from: Natural causes X, Accident Suicide CHIEF MEDICAL EXAMINER YOUF 22. DATE SIGNED ACTUAL SIGNATURI 0 ĮQ. please exec director. Pa retained for TO FUNERAL O DEPUTY MEDICAL EXAMINER KT **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) John G. Ball. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 0 REMOVAL (Specify) 25/66Arlington National Cemetery Arlington, Virginia Burial 25a. REC'D BY REGISTRAR I 24. FUNERAL DIRECTOR Funeral Home, 1300 N St.N.W. Washington VR ALSME (5) 1/65



| MAKYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS 301 W PRESTON STREET BALTIMORE 1. MARYLA   | AND  |
|---|--|
| 05505 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (15   | 505  |
| 1. PLACE OF DEATH  o. COUNTY Nont Comercial  e. STATE Md.  b. COUNTY Mont   |  |
| b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)                                    |  |
| Germantown Syears German Town.  | 1  |
| Route-#2-Berryille-Rel. B. erry Kille-Rel-Route#2   | e, IS RESIDENCE<br>ON A FARM?<br>YES NO  |
| 3. NAME OF BECEASED (Type or print) William. Vincent Dameron DEATH APril 24   | 1966   |
| widowed Divorced 9eb 15, 1901 65 yrs.   | Hours   Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN | OF WHAT  |
|   | A  |
|   |  |
|   | 11. 121  |
|   | le, Ka   |
| 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), end (c), ]  PART I. DEATH WAS CAUSED BY:  INTI ON:  | ERVAL BETWEEN  |
| Innicativité avocé (a)  | J VEICE EIT.   |
| Conditions, if any, which   Cebral. Arterio Selerosis - Severe -  | lears_   |
| cause (a), steting the underlying cause lest.  DUE TO  Concerning the cause lest.  Concerning the cause lest.   | Hears_   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)  19.   | . WAS AUTOPSY<br>PERFORMED?<br>'ES X NO  |
| 20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) CAUSE OF DEATH.          |  |
|   | (State)  |
|   | nd In my opinion   |
| death resulted from: Natural causes 💢, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner 🗌   |  |
| ACTUAL () L. S. P   | 2. DATE SIGNED   |
| SIGNATURE DEPUTY MEDICAL EXAMINER \$ 4/26/4   | AA I   |
|   | , Md. (State)  |
| REMOVAL (Specify)   | Md.  |
| 24. FUNERAL DIRECTOR Stor Carlly 8434 Georgia Avenue 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG   | NATURE   |
| Warner E. Pumphrey, Inc. Silver Spring, Md. 100APR 29 1966 fluores &  | and the same   |
|   | 1. PLACE OF DEATH 6. COUNTY MONT 9 OME 5 9 MARYLAND b. CITY OR TOWN (II oduble corporate limits, c. LENGTH OF STAY IN 12. C. CITY OR TOWN (II oduble corporate limits, c. LENGTH OF STAY IN 12. C. CITY OR TOWN (II oduble corporate limits, c. LENGTH OF STAY IN 12. C. CITY OR TOWN (II oduble corporate limits, c. LENGTH OF STAY IN 12. C. CITY OR TOWN (II oduble corporate limits, c. LENGTH OF STAY IN 12. C. CITY OR TOWN (II oduble corporate limits, c. LENGTH OF STAY IN 12. C. CITY OR TOWN (II oduble corporate limits, c. LENGTH OF STAY IN 12. C. CITY OR TOWN (II oduble corporate limits)  6. CHOW OR TOWN (II oduble corporate limits, c. LENGTH OF STAY IN 12. C. CITY OR TOWN (II oduble corporate limits)  6. CHOW OR TOWN (II oduble corporate limits)  6. CHOW OR TOWN (II oduble corporate limits)  6. CHOW OR TOWN (II oduble corporate limits)  7. STREET ADDRESS  7. SAGE (In years II FUNDARY YEAR)  8. AGE (In years II FUNDARY YEAR)  9. AGE (In years II FUNDARY YEAR)  9. AGE (In years II FUNDARY YEAR)  10. STREET ADDRESS  8. STRY YE'' IC- Rel - Routhe P2  10. STREET ADDRESS  8. STRY YE'' IC- Rel - Routhe P2  10. STREET ADDRESS  8. STRY YE'' IC- Rel - Routhe P2  10. STREET ADDRESS  8. STRY YE'' IC- Rel - Routhe P2  10. STREET ADDRESS  8. STRY YE'' IC- Rel - Routhe P2  10. STREET ADDRESS  8. STRY YE'' IC- Rel - Routhe P2  10. STREET ADDRESS  8. STRY YE'' IC- Rel - Routhe P2  10. STREET ADDRESS  8. STRY YE'' IC- Rel - Routhe P2  10. STREET ADDRESS  8. STREET ADDRESS  8. STRY YE'' IC- Rel - Routhe P2  10. STREET ADDRESS  8. |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY b. CITY OR TOWN (if outside corporate limits, MARYLAND Jarus C. LENGTH OF STAY IN 1b. c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Huattouille Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE Z E ON A FARM? within ND X Sheradan executed within completely carbon NAME OF Month Middle Last DATE Year Day DECEASED OF Frances 4 event, XXX MARI (Type or print) DAVIS DEATH 19 66 AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH remove 7. MARRIED NEVER MARRIED any 1892 WIDOWED X DIVORCED 5 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND DF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician lease and is certificate be INDUSTRY COUNTRY? dousemice Own home 百 13. FATHER'S NAME MOTHER'S MAIDEN NAME removal, attending permit. Then Robert Orville Reichard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. 9 (Yes,, no, or unkown) (If yes give war or dates of service) Noi None cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1 I-transit been signed by the burial-transit or to burial, creman ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ending physician. DUE TO Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the prior 1 underlying cause last. (C) 38 WAS AUTDPSY PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? YES NO To 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) ö detached Dept. this 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) be de State Hour a.m. While Not While at work at work p.m. DIRECTOR: At age 3 should ided with the S d from Feb & 1966, to present, 19, that (1) (we) last, and that death occurred at 130AM, from the causes and on the date stated above. 21. I certify that (I) (this-hospital) attended the deceased from 2-3-1966 saw the deceased alive on N 22a. SIGNATURE STAFF page nu 30 66 DIRECTOR HOSPITAL FUNERAL TO FUNERAL director, p should be 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. REMOVAL (Specify) Fort Lincoln Cemetery Burial Prince George 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S VR A15 (4) 20M 1/65 V



| 1  | Division of STATISTICAL DEPARTMENT OF HEALTH   |  |  |
|--|--|--|--|
| FOR STATE  | O 550 Privision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  15546  |  |  |
| HEALTH DEPT  |  |  |  |
| That I   | 1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)  3. ELATE  5. GOUNTY  6. GOUNTY   |  |  |
| ZET EST  | b. PATY OR TOWN (If outside proporate limits   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN/If outside corporate limits, write RURAL and give nearestrown)  |  |  |
| cessary<br>funeral<br>may<br>artmen  | (Will of BURAL and give nearest town)  |  |  |
| cessary e funera Departmen   | d. NAME OF HOSPITAL OR NISTITUTION (HANDE IN hospital, give stylet address) d. STREET ADDRESS OF CONTROL OF A STREET ADDRESS |  |  |
| y age age Inte I   | 7/2 Easley Street 7/2 Easley Street VES NO X   |  |  |
| rnd 3 to<br>Page<br>State<br>hours   | 3. NAME OF 66 First - Middle Last 14. DATE Month Day Year  |  |  |
| PM3  | OFFICEASED MARY ELIZABETH DAYHOFF DEATH 4-23 1966  |  |  |
| form P   | 6. COLOR OR ACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (IN YEAR) IF UNDER 1 YEAR IF UNDER 24 HRS.  |  |  |
| age.   | Je Wille WIDOWED DIVORCED AN 18, 1913 33 yrs.  |  |  |
| er dea<br>ive Pa<br>with<br>I and<br>event   | 10a. USUAL OCCUPATION (Give kind of work done done) 10b. Kind of BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?  |  |  |
| afte<br>Grand<br>ong<br>ss 1   | 13. FAJHER'S, NAME 114. MOTHER'S MAIDEN NAME   |  |  |
| ours after 18. Gis along pages 1 in any  | 13. FATHER'S, NAME JOHN MC ANN 14. MOTHER'S MAJOEN NAME  |  |  |
| 14 ho<br>Item<br>Office<br>and   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   2   2   C   Address   16. Cocial Security No.   17. INFORMANT   2   2   C   Address   16. Cocial Security No.   17. INFORMANT   2   2   C   C   Address   16. Cocial Security No.   17. INFORMANT   2   2   C   C   C   C   C   C   C   C  |  |  |
| mithin 2<br>pencil in<br>miner's 0<br>permit. I  | (Yes, no, or unknown) (If yes, alrewar or dates of service) 578-28-4408 \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\   |  |  |
| iner<br>iner<br>erm<br>erm   | 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  ONSET AND OEATH   |  |  |
| in p<br>in p<br>ixam<br>ixam<br>or r   | PART 1. DEATH WAS CAUSED BY: Acute myocardial failure associated ONSET AND DEATH   |  |  |
| "perling" in "perling" in "perling" in Medical Exam; burial-transit cremation, or i  | DUE TO   |  |  |
| e my<br>edic<br>edic<br>nati   | Conditions, if any, which (b) with aspiration of gastric contents.   |  |  |
| ere cree   | couse (e), stating the DUE TO  |  |  |
| ate worm<br>he Chief<br>he chief<br>ed as a<br>burial,   | underlying cause lest. ) (c)   |  |  |
| EXAMINER: This curt cate hour is executed ithin 24 hours after death. If any delay certificate, mriting the word "perming" in pencil in Item 18. Give Pages 1, 2, and 3 though be forwarded to the Chief Medical Examiner's Office along with form PM3. Page les.  IR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State signated agent, prior to burial, cremation, or removal, and in any event within 72 hours is signated. | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (2)  PERFORMED?  YES NO  202. EXTERNAL CAUSE WAS PRIMARY E or CONTRIBUTING CAUSE OF DEATH.  Deceased vomited and aspirated restrict contribution   |  |  |
| to the use   | YES NO 202. EXTERNAL CAUSE WAS 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  |  |  |
| centerrities ded to prior  | 20a. EXTERNAL CAUSE WAS PRIMARY E3 or CONTRIBUTING   CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)   |  |  |
| R. Teis (sate, eri forward 3 should agent, p   |  |  |  |
| Tage to  | 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. factory, street, office bldg., etc.)  6:00 KM. 4/23 19 66 at work Not While at work Home  8:100 KM. 4/23 19 66 at work Mile at work Mi |  |  |
| MINING Page  | 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion  |  |  |
| MELL EXAMINES  Could be certificated a should be rayour files.  DIRECTOR: Page or its designated a   | death resulted from Natural causes Accident , Suicide , Homicide , Undetermined manner   |  |  |
| te 4 s your f  | CHIEF MEDICAL EXAMINER   |  |  |
| execute<br>Page<br>I for your<br>AL DIRI   | ACTUAL SIGNATURE LEVEL CONTROL OF SIGNED ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNED ACTUAL SIGNATURE AC |  |  |
|  | NAME (Type) BELDEN R REAP M DAD (Street, City, town, for county) 4 33/1966   |  |  |
| O DEPUTY please ex director, retained f O FUNERAL of Health  |  |  |  |
| direction of F   | 23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CENTETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  Burial (Specify) 27 April 1966 Rest Haven Cemetery Hagerstown, Md.  |  |  |
| A.P.   | 24. FUNERAL DIRECTOR Thomas 8434 Georgia Avenue 25a. REC'O BY REGISTRAR 25D. REGISTRAR'S SIGNATURE   |  |  |
| VR AISME (5) 5M 1/65   | Warner E. Pumphrey, Inc. Silver Spring, Md. OATELPR 27 1966 (Charles Judge   |  |  |
|  |  |  |  |



| 1 1 00   | Items 18&21 Film G577 6/MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  |                                   |  |  |  |
|--|---|-----------------------------------|--|--|--|
| FOR STATE  | 05508 MEDICAL EXAMINER'S CERTIFICATE OF DEATH   | 5502                              |  |  |  |
| HEALTH DEPT.   | 1 PLACE OF DEATH  2 USUAL RESIDENCE (Where deceased lived if institution Residence of Sparts by Country)  b Country   | before admission)                 |  |  |  |
| ges 1, 2, and 3 to 1 farm PM3. Page ate Department of haurs after death.   | b. CITY OR TOWN (If outside corporate limit). C LENGTH OF STAY IN 1b C C TY OR TOWN (If outside corporate in the write RURA, and give   | neorest town)                     |  |  |  |
| P. 2, and P. P. P. P. P. P. S.   | d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street goddress)  d STREET ADDRESS  d STREET ADDRESS  | # ! B RESIDENCE                   |  |  |  |
| r death If any delay is ve Pages 1, 2, and 3 to 3 with farm PM3. Page the State Department of in 72 haurs after death.   | Wash. Jan. & Hosp. 7611 Deorgia Care  | VES NO                            |  |  |  |
| r deat<br>ive Paj<br>g with<br>the St<br>in 72   | 3 NAME OF FIRST Middle Lost 4 DATE OF DECEASED (Type or print) NELVERTA DIFFER BAUCH DEATH CERTICAL (   | 1966                              |  |  |  |
| s after 18. Gi   | S. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  B DATE OF SHRITH  9. AGG/In years  Acot b rihdoy)  Months  Months  | DOYS HOURS MIN                    |  |  |  |
| Item<br>Office<br>office   |   | ZEN OF WHAT                       |  |  |  |
| thin 24 hau<br>snal in Iten<br>miner's Offi<br>pages I any<br>in any evi   | 13 FATHER'S NAME  | 136()                             |  |  |  |
| ed wife<br>in pe<br>Exar<br>Exar<br>T. File  | Trank Mes de rede Mes a Mes de Mara Mes de Mara Mes de Mara Mes de Mara Mes de |                                   |  |  |  |
| xecuti<br>nding i<br>Medica<br>permi   | 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))   | INTERVAL BETWEEN                  |  |  |  |
| ate shauld be executed j the w≡rd "pending" is to the C≣lef Medica. a burial-transit permit. crematian, ar remaval,  | PART DEATH WAS CAUSE (a) Massive exsanguination due to ruptured   | ONSET AND DEATH                   |  |  |  |
| shauk<br>e withe<br>a the<br>ourial-   | Conditions, if ony, which gove (b) esophageal varices.  |                                   |  |  |  |
| ficate ing the rded the as a last a last crentill, crentill  | stoting the underlying couse   DUE TO   (c)   |                                   |  |  |  |
| This certificate shauld be executed within 24 haurs after death cate, writing the ward "pending" in pencil in Item 18. Give Page bar farwarded to the Clief Medica. Examiner's Office along with fe used as a burial-transit permit. File pages I and with the Stater to burial, cremation, ar remayal, and in any even within 72 have   | PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   | 19. WAS AUTOPSY PERFORMED? YES NO |  |  |  |
| 수 무 모 의  | 200 EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING CAUSE OF DEATH. CAUSE OF DEATH.  | 1 10/30 10                        |  |  |  |
| EXAMILER: .ute the cert age 4 salauk your filesPage 3 shou   | 2Dt TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, form 2Df (City or town) (Court   | ity) (Stote)                      |  |  |  |
| execute<br>ir. Page<br>I far you<br>for: Page  | p.m. 19 of work all work 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X,   | ond in my opinion                 |  |  |  |
| ise extertar.  | deoth resulted from. Notural couses , Accident , Suicide , Homicide , Undetermined monner C   | , ,                               |  |  |  |
| Te de de la company de la comp | SIGNATURE SICKLOW CLOSE M.D. ASSISTANT MEDICAL EXAMINER [   | 22. DATE SIGNED                   |  |  |  |
| DEFLITY MANGE EXAMINATE TO THE function of the functor director. Page 45 may be retained far your pellector. Page Health or its designated age   | EXAMINER'S BELDEN READ AND BEPUT REDICAL TRANSPORT TOWN, or county)  Address (Street, cry, Yohn, or county)  230 BUR AL CREMATION, 23b DATE THEREOF 1 23c NAME OF CEMETERY OR CREMATORY 1 23d LOCATION (CITY OF TOWN)  (1)  | 7,1966                            |  |  |  |
| 5 a 4 2 5 4 7  | Gremation 4-5-1966 Cedar Hill Crematory Suitland, Md.   | (Stote)                           |  |  |  |
| VR A15ME (5)   | Joseph G awler's Sons, Incoress Wash. DC and PR 7 1966 256 Licenter 1966  | Judge.                            |  |  |  |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY etely filled in by tee furbon papers. Pages 1 a within 72 hours after d b. COUNTY 0 no 7 60 MER MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WSINGTON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? A20 YES completely i be executed within NAME OF First Middle Month Last Day DECEASED DONOHOE DEATH (Type or print) ANCIES 19 5. SEX 6. COLOR OR RACE AGE (In years IF UNOER 1 YEAR IF UNOER 24 HRS. Last birthday) Months Days Hours Min. emove any eve DATE OF BIRTH 7. MARRIED NEVER MARRIED and WIDOWEO DIVORCEO [ 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** Housewife PHYSICIAN: The law requires that the death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME Helen Gleason 太 Lawrence B. Morris 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 늄 J.E. Donohoe 3404 Ninitz Rd. Kensingto Unknown No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH been signed by the burial-transi PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the Page 4 may be retained by the hospital or attending physician. ONITHS DUE TO CIRRHOS13 LIVER VEARS Conditions, If any, which (b) gave rise to Immediate 라라 **OUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? 208. ACCIOENT WAS UNDERLYING TO CRUSH BUTING TO CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) YES X NO T SEVERE 07 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part | of Item 18.) CAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. 63 While at work 3 Not While p.m. at work director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from M, from the causes and on the date stated above. and that death occurred at saw the deceased alive\_on. 22a. SIGNATURE ATTENDING PHYS STAFF PHYS. DIRECTOR M.D. PHYSICIAN'S NAME (Type) 22c. 22d. ADORESS BURIAL, CREMATION, REMOVAL (Specify) 23d. LOCATION (City, town or county) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY Arlington Nat'l Arlington, Va. 6 Cem. Burlai 24. FUNERAL DIRECTOR AOORESS REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE Robert A. Pumphrey F.H. 1966 Bethesda, Md. VR AJ5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 hours after death, and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Montgomery b. COUNTY Maryland MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring Hours Martinsyury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ACORESS O. IS RESIDENCE ON A FARM? paper Cross Whites Ferry Rd. NO YES. within completely HOG NAME OF First Middle Last 4. DATE Month Day Year 3 DECEASED event, Cal (Type or print) Edna Mae DEATH April 1966 Dorsev executed SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months i and any Oavs Hours WIDOWEO X DIVORCEO [ 12-3-08 VES. ⊆ 10a. USUAL OCCUPATION (Give kind of work done) 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) COUNTRY? Maryland USA ā 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME Robert Fairfax . Johnson Sarah 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 0 ransit permit cremation, or (Yes, no, or unkown) [(If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed burial Ü DUF TO beri Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. **ECATION** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? YES 1 NO 5 PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 항 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) AEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from 19\_66\_, that (I) (we) last DIRECTOR: age 3 shoul iled with th saw the deceased alive on 19.66 and that death occurred at 10 PM, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING PHYS. MED. DIRECTOR PHYS. M.O. TO HOSPITAL FUNERAL 22c. PHYSICUM'S 22d. ADDRESS director, p NAME (Type) SUMM 17 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF (State) REMOVAL (Specify) 4-20-66 Warwen Church. Martinsburg, ADDRESS 25a. REC'D BY REGISTRAR Hockvil le. VR ALS (4) 20M 1/65

. . .

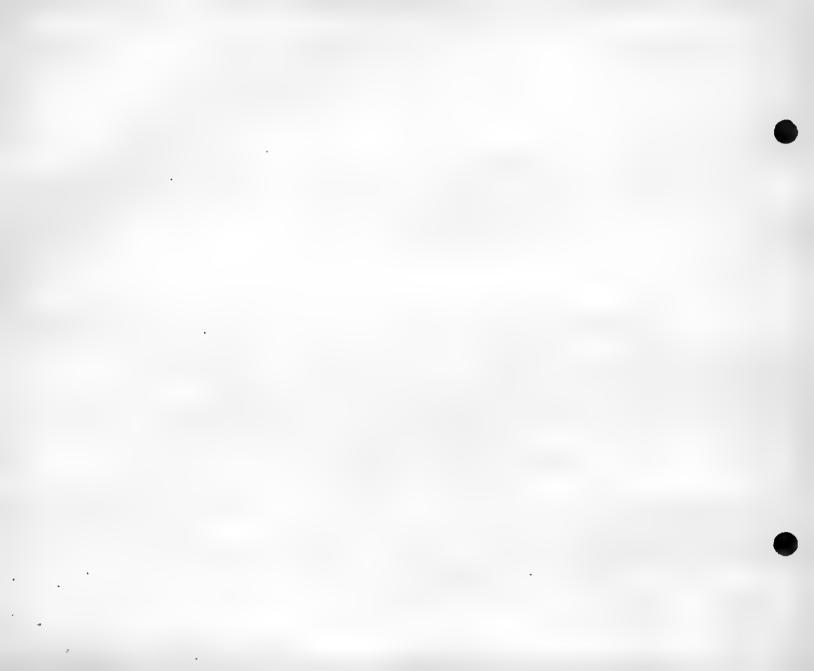
|   | Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND   |
|---|--|
| FOR STATE   | 05511 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05510  |
| HEALTH DEPT.  | 1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)   |
| TAI   | Maryland Maryland  |
| cessary<br>tunera<br>5 may be<br>5 may be<br>6 peartmen<br>offer death  | b. CITY DR TOWN (if outside corporate limits, c. ENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  yrite RURAL and give nearest town)  |
| ces<br>ma<br>ma<br>part<br>er d   | Takoma Park  |
|   | d. NAME OF HDSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  a. IS RESIDENCE DN A FARM?  8308 Flower Avenue  |
| Page<br>State   | TES NO   |
| the the 72 h  | 3. NAME OF DECEASED (Type or print) MARY 7.TTA DORSEY 4. DATE Month Day Year 1966  |
| Fie SET   | 5. SEX COME 16. COLOR OR RACE 17. MARRIED   NEVER MARRIED   8. DATE OF BATH 9. AGE (In years IF UNDER 1 YEAR HE UNDER 24 HRS.  |
| # # # # # # # # # # # # # # # # # # #   | white widowed Divorced 10/16/95 70 vra. Months Days Hours Min.   |
| er dea<br>ive Pa<br>with<br>with  | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR during most of working life, even if retired) INDUSTRY  11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CDUNTRY?  |
|   | Clerk- Fidelity Investment Co.   Washington, D. C   U.S. A.  |
| n 18. 1<br>along<br>pages<br>in any   | George E. Webde 14. Mother's Maiben Name Wilhemina Huneke  |
| 14 hour literal litera    | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SDCIAL SECURITY NO.   17. INFORMANT Address  |
| 7 = 0   | (Yes, no, or unkown) (If yes of reward dates of service) yes 5-1-18/7-31-1919 Mrs.Elsie Weide-5409 Center St.  |
| within<br>pencil in<br>miner's<br>permit.<br>removal,   | 18. CAUSE OF DEATH [Enter only one cause of Nine for (a), (b) end (c) CITE Y CVESE MICH INTERVAL BETWEEN   |
| in print sit p  | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cloude Coronary Insufficiency   |
| id be executed "pending" in [ Medical Example     | O A II DUE TO D  |
| be e<br>pend<br>fedik<br>trial-<br>trial-   | Conditions, if eny, which   (b)   Comary Cirilry Heart Nasoalo,  |
| 2 · · · · · · ·   | cause (a), stating the DUE TD underlying cause lest.   |
| e word<br>he Chie<br>ed as a<br>burial,   | , V/   |
| 25 ± 50   | PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED? YES NO  PRIMARY OF CONTRIBUTING CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.   |
| # # # # # # # # # # # # # # # # # # #   | 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nuture of injury in Part 1 or Part 11 of Itam 18.)   |
| is co<br>writ<br>arde<br>ould<br>t, pr  | PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  |
| R: This cerate, writing forwarded 3 should bagent, price  | 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Homa, farm, factory, street, office bldg., etc.)   20f. (City or town) (County) (State)   20m.   20m |
| S S S S S S S S S S S S S S S S S S S   |  |
| EXAMI<br>Life certification of the second of th | 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from Natural causes . Accident . Suicide , Homicide , Undetermined manner   |
| A she she corrected and design  | death resulted from Natural causes Accident Suicide , Homicide , Undetermined manner   |
| it so so se st  | ACTUAL SIGNATURE ON ON ASSISTANT MEDICAL EXAMINER (22. DATE SIGNED   |
| Eserca = C  | EXAMINER'S DISTRICT OF THE PROPERTY AND DEPUTY MEALOOD EXAMINER OF THE PROPERTY AND THE PRO |
| O DEPUTY<br>please ex<br>director.<br>retained f<br>D FUNERAI<br>of Health  | NAME (Type)  23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)   |
| of P  | REMOVAL (Specify)  |
|   | 24. TUNERAL DIRECTOR ADDRESS   25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  |
| VR AISME (5)<br>5M 1/65   | The S. H. Hines Company -2901 14th StAPR 26 1966 Acharles Judge  |
| 1/00  | Washington, D. C.  |

| * /  | DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND   |
|--|--|
| N Es e   | 05512 CERTIFICATE OF DEATH 05511   |
| aff<br>mor   | 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)  |
| hours<br>y the fund 2 sl<br>leath.   | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  |
| 24<br>Jess 1 a<br>after d  | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS   |
| edy<br>ers. Pag<br>hours   | 404 NINA PLACE VES NO NA FARM?  3. NAME OF First Middle Last 14. DATE Month Day Year   |
| execution property of the Complex of | (Type or print) RAYMOND JOHN DOYLE, SR. DEATH APRIL 15 1966  |
| o pue  | MALE CAUCASIN WIDOWED DIVORCED MARCH 15, 1900 66 YEAR Months Days Hours Min.   |
| ertifica<br>tysiciar<br>emove<br>rry eve   | 10s. USUAL OCCUPATION (Givs kind of work done during most of working life, even if relired)  APMINISTRATIVE - VA  VETERAVE APM  14. MOTHER'S MAIDEN NAME  15. CITIZEN OF WHAT COUNTRY?  16. USUAL OCCUPATION (Givs kind of work done during most of working life, even if relired)  WASHINGTON, DC  VSA.  16. MOTHER'S MAIDEN NAME |
| ding pt  | 13. FATHER'S MAME  14. MOTHER'S MAIDEN NAME  THOMAS M DOYLE - MARY SHEEN   |
| attend<br>Then p   | 13. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unknown) (If yesgivewerordates of sarvice)  |
| 幸 · · · · · · · · · · · · · · · · · · ·  | 18. CAUSE OF DEATH  Enter only one cause par line for (e), (b), and (c).]  |
| equires<br>physicia<br>ned by<br>iit perm<br>iit perm  | PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6) CARPIAC FAILURE IMMEDIATE CAUSE (6)   |
| natic  | Conditions, if any, which \ (b) GENERALIZED CARCLNOM ATOSIS 2 MONTHS   |
| The last and attending see bee burial-   | gave rise to immediate ceusa (a), stating the underlying DUE TO (c) CARCINOMA PESCENDING COLON 84 MONTHS   |
| AN:<br>al or<br>ate h<br>s the   | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED?  |
| PHYSICI<br>the hospit<br>his certific<br>for use a<br>th prior to  | ARTERIOS CLETROTIC HEART DISEASE WITH OUD MYSCARDIAL INFARCTION YES NO NO CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |
| NDING<br>ined by<br>: After t<br>detached  | 20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. While all work   19   19   19   19   19   19   19   1   |
| Dept Dept  | 21. I certify that (I) (this-hospital) attended the deceased from FEDRVARY 19 65 to ARR(1.15   |
| hould state  | saw the deceased alive on. J. A.P.R.L  |
| AL DE STEEL OF THE | Frederichs Calduell M.D ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS. 15 APRIL 1406   |
| DSPIT<br>Pag<br>JNER<br>oc, pa   | FREDERICK S CALDWELL TENEY BLOG ROCKVILLE, MAKYLMAK  |
| D HO   | 236. NAME OF CEMETERY OR CREMATION, 236. LOCATION (City, town or county)  REMOVAL (Specify)  4-19-1966  Arlington Nat 1. Cem. Arlington, Va.   |
| VR A15 (4)<br>15M 7-62   | 24 FUNERAL DIRECTOR'S SIGNATURE SOME INCADDRESS 250 REC'D BY REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR'S SIGNATURE 250 DAAPR 20 1966 ACCORDED SURJESTED   |

MAKILAND STATE DEPARTMENT OF HEALTH



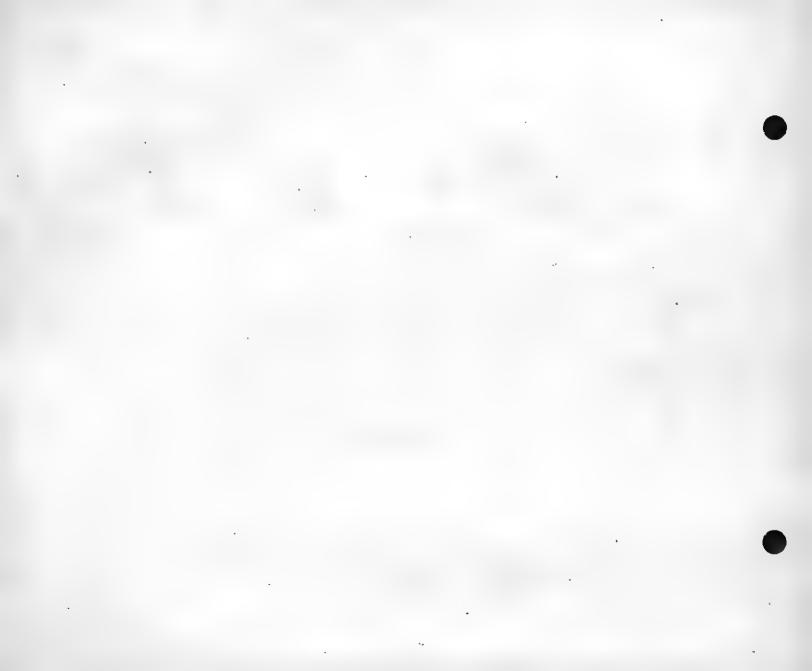
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05513 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death by the funeral Pages I and 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND c LENGTH OF STAY IN 15 c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town) write RURA, and give necrest town C.R. WOOD papers e IS RESIDENCE ON A FARM? d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS filled in hin 72 l YES NO Middle 3 NAME OF First Lost 4 DATE Doy Year DECEASED 19 66 (Type or print) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE ( n years lost birthdov) Months X WIDOWED DIVORCED 106 KIND OF BUSINESS OR 100 USUA, OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State or foreign country) crematian, ar remayal, and in INDUSTRY during most of working life, even if retired) COUNTRY? 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME UPGGEMANN 16 SOCIAL SECURITY NO WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-fransit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO signed burial, Conditions, if any, which gove ) rise to immediate cause (a) DUE TO stating the underlying couse this certificate has been (c) 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) Hour o.m. Not While factory, street, office bldg., etc.) While TO FUNERAL DIRECTOR: After apend, 1966, to 2 30pm, 1965, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from 21 be retained 1966, and that death accurred at 1252 M, fram causes and an the date stated above. saw the deceased alive an Z 3 22g. SIGNATURE 22b. DATE SIGNED STAFF directar, page 3 shauld be filed v DIRECTOR PHYS 22c PHYSICHAN ADDRESS 10CATION (City or Town) BURIAT CREMATION DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) ELIMERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY a. STATE Montgomery Maryland Montgomerv MARYLAND lay is necessary, 13 to the funeral Page 5 may be Department after death, b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase Chevy Chase d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State Cumberland Street 4412 Cumberland Street YES T NOX 2, and PM3. NAME OF Month First Middle Lest Day 25年 DECEASED B Velington DuBOIS ARMAND April 66 DEATH 19 (Type or print) with uted within 24 hours after death. If a in pencil in Item 18. Give Pages 1, Examiner's Office along with form 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years I IF UNDER 1 YEAR HF UNDER 24 HRS 5 7 Months Hours Oct. Male WIDOWED DIVORCED Bent and 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? S. Gov't New York pages 1 in any Attorney Sa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EXAMINER: This certificate should be executed within 24 hours certificate, writing the word "pending" in pencil in Item 18 nould be forwarded to the Chief Medical Examiner's Office als 13 oding ton Chester DuBois File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Same as Wife Item 2. (Yes, no, or unkown) (If yes give war or dates of service) permit. removal Alexandria P. Nο 216-44-4145 INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] DEATH PART I. DEATH WAS CAUSED BY: Monoxide burial-transit cremation, or IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate **DUE TO** (a), stating the underlying cause last. used as to burial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 💢 YES 202. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. ld be prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) 3 should MEDIMAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm.) (City or town) (County) (State) 20c, TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While at work at work Cherry Chine 10036-6131494 designated Pa 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry and in my opinion DIRECTOR: Undetermined manner Natural causes Suicide X. Homicide death resulted from: Accident CHIEF MEDICAL EXAMINER YOUR 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 50 for DEPUTY MEDICAL EXAMINER FUNERAL Health **EXAMINER'S** BALL director. retained Bethesda. Md. Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 0 0 REMOVAL (Specify) Cedar Hill Crematory Suitland. 4-20-66 Maryland remation REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25b. 24. FUNERAL DIRECTOR Maryland Bethesda. VR A15ME 3500 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral and de se PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE b. COUNTY after and completely filled in by the semove carbon papers. Pages 1 any event, within 72 hours after b. CITY OR TOWN Kiff outside corporate limits, write RURAL and give nearest town) MARYLAND C. LENCTH OF STAY IN 1b TOWN (If outside corporate limits, write RURAL end give neafest town) hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO P YES 3. NAME OF Middle DAT 4. DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE | 7. MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | Jast birthday) | Months | Days 8. remove NEVER MARRIEO Hours and WIOOWED DIVORCEO 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INOUSTRY 12, CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician lease and ir during most of working life, even if retired) **COUNTRY?** SUCCEPT certificate <u>'</u> FATHER'S NAME MOTHER'S MAIDEN NAME Then removal he attending permit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 0 death (Yes, no, or unkown) (If yes give war or dates of service) W.W Vicro P. CAUSE OF OEATH [Enter only one cause per line, for (a), (b), and (c).] INTERVAL BETWEEN cremat requires that the -transit ONSET AND CEATH Š PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) been signed the burial-transtant to burial, cre DUE TO Conditions, if any, which تنك (b) gave rise to Immediate DUE TO cause (a), stating the as th underlying cause last. (c) PHYSICIAN: The law certificate has WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. use Health FICATI YES THE NO [ Ь the hospital 20a. ACCIDENT WAS UNDERLYING IT DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) detached for the Dept. of I OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Oay, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street office bldg., etc.) Hour a.m. After While Not While be Stat p.m/ at work at work should 19€ 19.66. that (I) (we) last DIRECTOR: 3 spould led with the 21. I certify that M attended the deceased from to and that death occurred a 1.30 M, from the causes and on the date stated above. deceased alive on SIEWATURE DATE SICNED 22a. 22b. page ATTENDING 6 PHYS. DIRECTOR M.D. may O HOSPITAL TO FUNERAL PHYSYCIAN'S NAME (Type) 22d. AODRESS director, p should be 23a. BURIAL, CREMATION, 23b. LOCATION (City, town or county) (State) GTON FUNERAL DIRECTOR ADDRESS REC'D BY RECISTRAR 25b. REGISTRAR'S SICNATURE 25a. 1966 VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH hours after death, USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY in by the fusion Pages 1 is bours after o Montgomery Maryland Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Bethesda Bethesda papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 within 7 9005 Mohawk Lane Cangressional Manor Sanitarium YES NO TO etely executed within carbon NAME OF First DATE Middle Eadeh Last 4. Month 0av Year DECEASED event, PAUL APFI (Type or print) EADAH DEATH 196/ 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED 5. SFX DATE OF BIRTH гетоме AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months any Days Hours Male Caucasian 7/28/82 8 WICOWED [ 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT pe INCUSTRY COUNTRY? Importer Inport-Export Jordan IIS A The law requires that the death certificate 13. FATHER'S NAME Eadeh MOTHER'S MAIGEN NAME геттоуа attending a Khallel Eadah Katherin Totah 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. 17. INFORMAN #2 above (Yes, no, or unkown) (If yes give war or dates of service) as same 225-42-0758 Jessie Eliot Eadah the 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ) INTERVAL BETWEEN ONSET AND DEATH certificate has been signed by the hed for use as the burial-transit t. of Health prior to burial, cremat PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) **QUE TO** Asterio Sclerosis Generalizad. Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTÓPSÝ PERFORMEO? CERTIFICAT YES T NO 📆 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) detached for Dept. of F MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State factory, street, office bldg., etc.) Hour a.m. After While Not While O HOSPITAL OR ATTENDING Page 4 may be retained by ATTENDING at work at work director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from . 19. \_\_\_. that (1) (we) last saw the deceased alive on and that death occurred at 2 1966 M. from the causes and on the date stated above. SIGNATURE 22a. 22b. OATE SIGNED ATTENDING PHYS. STAFF PHYS. 4/21/66 M.O. DIRECTOR 22c. PHYSICIAN'S AODRESS 22d. Md. John G. Ball 01 d Georgetown Rd., Bethesda BURIAL, CREMATION, 23b. REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) **OATE THEREOF** 4/25/66 Rock Creek Cemetery Washington Burtal Director ADORESS REC'D BY REGISTRAR 25b. Gawler's Sons, Inc., Wash., D.C. VR A15 (4) 20M 1/65



| 1 1 (84)  | MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212   | 01                                       |
|---|--|--|
| FOR STATE   | 05517 MEDICAL EXAMINER'S CERTIFICATE OF DEATH  | 05516                                    |
| HEALTH DEPT.  | 1 PLACE OF DEATH  O. COUNTY Montgonery  MARYLAND  2 USUAL RESIDENCE (Where deceased lived, if institution Residence of STATE And b. COUNTY Maryland)   | e before admission)  n + 40 n > e - 4    |
| I, 2, and 3 to<br>rm PM3 Page<br>Department of<br>rs after death.   | b CITY OR TOWN (If autside corporate imits write RURAL and give nearest town)  Rether Classical Sether Classical Sether Classical Sether Classical Sether Classical Corporate Imits write RURAL and give nearest town)   |  |
| Dep Dep   | d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  4307 Lynbrook. Da.  4307 Lynbrook. Da.  | e IS RESIDENCE<br>ON A FARM?<br>YES NO X |
| d within 24 haurs after death. If cin pencil in Item 18. Give Pages 1, Examiner's Office along with farm. File pages 1 and fearth the State Deland in any event with in 72 hours and in any event within 72 hours on the state of | 3 NAME OF First Middle Lost 4 DATE Month   | Doy Year<br>// 1966                      |
| s after 18. Giv   | 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years last buthday) WIDOWED DIVORCED 2/6/1908 135 buthday) VIS   |  |
| I within 24 haurs in pencil in Item I Examiner's Office File pages Tan and in any ever  | Tog US_AL OCCUPATION (Give kind at work done 10b KIND OF B_SINESS OR 1 BIRTHP.ACE (State or fare an equity) 12 CIT   | IZEN OF WHAT                             |
| thin 2<br>niner'<br>niner'<br>pages<br>in an  | 13 FATHER'S NAME   |  |
| ed with per in per Exan   | David B. Edmonston  Bessie Coker  Is WAS DECEASED EVER IN J. S ARMED FORCES?  16 SOCIAL SECURITY NO  17 INFORMANT 4307 Lynbrook APATS. Be  (Yes, no, or unknown) (If yes give wor or dotes of service)  The service of t | thesda, Md                               |
| e executed pending" in pending" in sit permit.  | no pre-56-5002 Wife nate in lyre idmonston   | INTERVAL BETWEEN                         |
| d be executed d'pending" Clief Mildica transit permit, ar removal,  | PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hemorrhagic Panereatilis Acutet   | SUCIO LID                                |
| s certificate should be e.g. writing the word "performanced to the Clief I used as a burial-transit in burial, cremation, or re   | Conditions, form, which gove (b) acute & Gastritis -   | Hom                                      |
| ficate ing the rided to as a laction of the rided to a laction of the right.  | stating the underlying cause   DUE TO     lost.   (c)  |  |
| This certificate should be executed within icate, writing the ward "pending" in pencil be farwarded to the Clief Mildica Examine. I be used as a burial-transit permit. File page in to burial, cremation, ar removal, and in a   | PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TON GIVEN IN PART 1(a)   | 19 WAS AUTOPSY PERFORMED? YES NO         |
| R:<br>ertifi<br>old<br>s<br>auld<br>pria  | 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Part II of item 18.) PRIMARY ar CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Part II of item 18.)   |  |
|   | 20c TiME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, hour a.m. 20f (City or town) (Cau by mr. 19 of work o | nty) (State)                             |
| AL EXA  | 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry ,  | ond in my opinion                        |
| UTY MEDICA<br>My, please everal director<br>be retained<br>RAL DIRECTO<br>ar its design   | death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner   ACTUAL O O O O O O   | 22. DATE SIGNED                          |
|   | SIGNATURE  EXAMINER'S  NAME (Type)  SIGNATURE  DEPUTY MEDICAL EXAMINER  Address (Street, city, town, or county)  | 6  |
| TO DEPUTY necessory, the funeral 5 may be TO FUNERAL Health ar I  | 23g BUR AL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town)   | County) (State)                          |
| 7 2 -   | Cremation 4/12/66 Lee's Crematory Washington D. 124 FUNERAL DIRECTOR WASHINGTON 250 RECO BY REG STRAR 250 REGISTRAR 5 SI   | GNATURE                                  |
| VR A15ME (5)<br>6M 1/66   | J. Un Lee FUYERAL Home OAPR 18 1966 gCharle  | Judge                                    |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY r filled in by the fi papers. Pages 1 hin 72 hours after Mont comerv County washington D.C. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS NO Sa Cross Haspital St. completely carbon i NAME OF First Middle Last DATE Month Day Year DECEASED event. S. (Type or print) 1966 DEATH Charles Llder 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. етпоче last birthday) Months Hours any .15.187 and WIDOWED DIVORCED VTS. Ξ 10a. USUAL OCCUPATION (Cive kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician ease death certificate be during most of working life, even if retired) COUNTRY? and President of Co. Tool Manfu. Hamilton, Contario, Can attending phys ermit. Then ple on. or removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alexander Margaret Edwards 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT the attenit 5115 Bradiey Blvd (Yes, no, or unkown) | (If yes pive war or dates of service) cremation, **077-0**9-1654 Lucile Bryan Chevy Chase . Lid. 18. CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c).] ?) INTERVAL BETWEEN ONSET AND DEATH been signed by the burial-transit or to burial, crema PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MINS ARTERIUSC/RYUSIS Conditions, If any, which gave rise to Immediate the to DUE TO cause (a), stating the certificate has be ched for use as the pt. of Health prior th MR underlying cause last. ERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PERFORMED? NO IX 20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part | of Item 18.) OR CONTRIBUTING ( CAUSE OF DEATH detached Dept. (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, ) 20f. (City or town) 2Dc. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.) Hour a.m. MEDI Not While at work at work 21. I certify that (1) (this hospital) attended the deceased from APRIL 18, 1966, to APRIL 20, 1966, that (1) (we) last the DIRECTOR: age 3 should jugd with the saw the deceased alive on APRIL 19.19 66, and that death occurred at 8 7. M. from the causes and on the date stated above. 22a. SICNATURE 22b. DATE SIGNED ATTENDING PHYS DIRECTOR PHYS. M.D. TO FUNERAL PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) AROL 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOYAL (Specify) 4-25-66 Parklawn Cemeterv Burial Rockville. Maryland REC'D BY RECISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR Bethesda. Md. VR #15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY 0 MARYLAND CLOA b. CITY DR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 0. 5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? HIST within 62 ND X 05 YES L etely Hog NAME DE Middle Last DATE 4. Month Day Year DECEASED car (Type or print) DI WA 23 DEATH 19 6. COLOR OR RACE sician and con lease remove and in any eve 5. SEX DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR IIF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Davs Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done is 10b, KIND OF BUSINESS DR 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT be during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME ENGINEERING ᆿ MOTHER'S MAIDEN NAME 14. attending ph rmit. Then remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16, SOCIAL SECURITYNO 17. INFORMAN Address 5 (Yes, no, or unknown) (If yes nive war or dates of cervice) transit perm cremation, Salvezs the 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH -transi PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 111117. burial-t burial, DUE TO Conditions, If any, which (b) been gave rise to immediate また DUE TO cause (a), stating the prior underlying cause last, 611K40 93 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY nse PERFORMED? CERTIFICAT Ь for un YES NO F 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) tached f Dept. of OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work retained ō 21. I certify that (I) (this hospital) attended the deceased from 4-23 19 ما دا that (I) (we) last DIRECTOR: 19 6. and that death occurred at 5.50 M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS. DIRECTOR PHYS. TO HOSPITAL Page 4 may E I FUNERAL director, p should be i 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23d. (State) 9 REMOVAL (Specify) NOY FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 25b. VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05520 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before agmission) COUNTY b. COUNTY Page ō death. MARYLAND Department NWN (If outside corporate limits c. LENGTH OF STAY IN 16 CITY OR TOWN (If outs de corparate limits, write RURAL and give nearest town) after NSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCI haurs ON A FARM? 300 YES haurs after death ROMEH. DE NAME OF DATE FIFST Month Dov DECEASED OF Give 5 wiando (Type or print) 10 19 6 DEATH alang AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH MARRIED pirthdoy) Months Hours Davs WIDOWED OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12 C TIZEN OF WHAT INDUSTRY OUNTRY, 7 pages 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME .⊆ and IS WAS DECEASED EVER IN U.S. ARMED FORCES INFORMANT 16 SOCIAL SECURITY NO permit. (Yes, no, or unknown) (If yes give wor or dates of service removal. CAUSE OF DEATH (Enter only one couse per ling tox (a), (b), and (b)) burial-transit PART I DEATH WAS CAUSED BY Б IMMEDIATE CAUSE (o) crematian, DUE TO (andflions, if any, which gove rise to immediate couse (a). DUE TO storing the underlying couse last burial, used PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? 20o EXTERNAL CAUSE WAS prior 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Idem 18.) PRIMARY Or CONTRIBUTING shauld CAUSE OF DEATH MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJRY (Home, form, (City or fown) (County) (Stote) Hour a.m While Not While foctory, street, office bldg., etc.) DIRECTOR: Page at work of work designated 21. I certify that I taak charge of the remains described above, held an Autopsy. Inquiry 🔀 Inspection and in my apinion death resulted from: Natural causes 7 Ascident ( Suicide Undetermined manner Hamicide be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral Health or may 23d 1OCATION 0 FUNERAL DIRECTOR 2So REC D BY REGISTRAR 2Sb REGISTRARS S GNATURE VR ATSME (\$ DAAPR 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY **8. STATE** b. COUNTY by the finance 1 by after one after one MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town oon papers. Pag within 72 hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES | ND K G death certificate, be-executed within we carbon event, with NAME OF Middle Month 4. DATE Day DECEASED DEATH (Type or print) 19 physician and comes property of the physician company of the physician of 5. SEX 6. CDLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED WIDOWED DIVORCED S.Q. yrs. 1Db. KIND OF BUSINESS DR 10a. USUAL DCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY CDUNTRY? Richmond. Virginia Druga removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Morrissette 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. been signed by the atten the burial-trans:t permit. or to burial, cremation, or (Yes, no, or unkown) | (If yes give war or dates of service) 12 1/3 RUTH ROCKEL 18. CAUSE DF OEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PHYSICIAN: The law requires that the DISET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. Moune IMMEDIATE CAUSE (a) DUE TD Res Latin Conditions, If any, which gave rise to immediate DUE TD cause (a), stating prior underlying cause last. 88 (c) CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY 19. for use Health PERFORMED? certificate hospital or YES [ NO R 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) detached f e Dept. of OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME DF INJURY Month, Day, Year I 2Df. (City or town) (State) 2Dd. INJURY DCCURRED 12De, PLACE DE INJURY (Home, farm, (County) factory, street, office bldg., etc.) Hour a.m. While Not While After Id be d D HOSPITAL OR ATTENDING Page 4 may be retained by at work at work DIRECTOR: A age 3 should iled with the S 21. I certify that (I) (this hospital) attended the deceased from (ir the . 1965 and that death occurred at 103 M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED director, page 3 ATTENDING STAFF DIRECTOR M.D. PHYS. O HOSPITAL TO FUNERAL PHYSICIAN'S ADDRESS 22d. NAME (Type) MD. BURIAL, CREMATION, 23b. DATE THEREDE 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) (State) REMOVAL (Specify) Burial Maury Cemetery Richmond Dille ADDRESSING, Maryland 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Inc. 8434 Georgia Avenue VR AI5 (4) 20M 1/65



DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DEATH hours after PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, if institution, Residence before admiss on e. COUNTY **b.** COUNTY Montg Marvland Monte MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) 24 write RURAL end give naerast town) Gaithersburg Gaithersburg filled in Pages /vrs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADORESS . IS RESIDENCE ON A FARMS S. Frederick Ave Frederick Ave. ON D 3. NAME OF 4. DATE Middle DECEASED (Type or print) Katherine Elizabeth Fauver DEATH 20th 1966 Apr carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years | IF UNOER 1 YEAR last birthday) Months Female White WIDOWED [ DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KING OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Wife Penn. S House 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 를 Marv Hartley Henderson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service Charles As No 2 Fauver. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. CEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit osolval arteriosclosures Conditions, if any, which gava rise to immadiata cause certificate has by very certificate buri **DUE TO** (a), stating the undarlying (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY CERT.FICATION for 206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of invery un Part I or Part II of item 18.) DIRECTOR: After this detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Qey, Yaer 20d. INJURY OCCURRED 1 20s. PLACE OF INJURY (Homa, ferm, ) 20f. (City or town) (County) (State) þ factory, street, office bidg., etc.) Hour e.m. While Not While Dept. et work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from BCT. ..... 1990., that (I) (we) last 22a. SIGNATUR 22b. DATE **STAFF** SIGNED eth. Page 4 DIRECTOR M.D. PHYS 22c. PHYSICIAN'S 22d, AODRESS ector, Robert C. Macon, M.D. Viers Filed Mill Rd. Rockville. Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) ढेंंडें REMOVAL (Spacify) Neelsville Germantown, Rural Burial PUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 5-63

DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05523 MEDICAL EXAMINER'S CERTIFICATE OF FOR STATE HEALTH DEPLA PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution o COUNTY Montgomery o. STATE b COUNTY P.M.3. Poge MARY ALD C LENGTH OF STAY IN 16 c CTY OR TOWN (I outside corporate imits, write RURA, and give nearest town) Bethesda sethesda d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? Office olong with form SUBULBAN 6029 Grosdener Lane 8. Give Pages ote NAME OF Middle First 4 DATE Doy Year DECEASED るっと 1966 (Type or print) DEATH SEX IF UNDER 1 YEAR 6 COLOR OR RACE AGE ( n years IF LINDER 24 HRS 7 MARRIED NEVER MARRIED withdoy) Months Dovs WIDOWED DIVORCED event 10o. USUA, OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY 21.5 during most of working life, even if retired) INDUSTRY DEORGIA 0.00 xaminer's Home MAKER 13 FATHER'S NAME 5 puo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT be executed (Yes, no, or unknown) (If yes give wor or dates of service) removal, 216-44-9302 Florence Alden Finlayson Same as #2 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN Coronary thrombosis Acute PART I DEATH WAS CAUSED BY. 10 IMMEDIATE (AUSE (o) word certificate should cremation, DUE TO dvanced Coronary Artero Sclerosis Conditions, if any, which gove rise to immediate couse (o), DUE TO stoting the underlying couse Ceneralized Arterio Solarosis torworded en 15 used as buriol, c last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? YES 🔽 NO 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port I of item 18) should PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20 f (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page designated 21. I certify that I taak charge of the remains described above, held an Autopsy 🔀, Inspection K nquiry Y and in my apin an Natural causes death resulted fram-Accident Suicide . Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 4/22/66 **FO DEPUTY** 5 may be TO FUNERAL Health or i DEPUTY MEDICAL EXAMINER X **EXAMINER'S** John G. Ball Address (Street, city, town, or county) NAME (Type) 230 BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) REMOVAL (Specify) 4/25/66 Ft. Lincoln Cemetery Prince Georges County RECD BY REGISTRAR Hines Charley VR A15ME (5) 6M 1/66

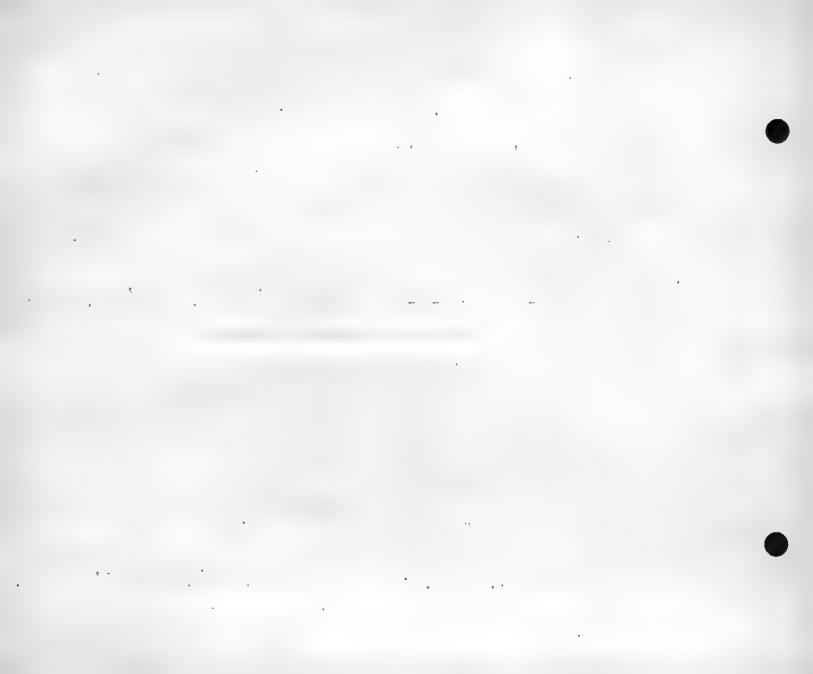
MARYLAND STATE DEPARTMENT OF HEALTH



| 1 (5)  |            | MARYLAND STATE DEPARTMENT OF HEALTH  |
|--|------------|--|
| <br>(M   | ก          | DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH   |
| 24 hours after death filled in by the funeral apers. Pages 1 and 3 n 72 hours after death  | <u></u>    | PLACE OF DEATH  1: 2. USHAL RESIDENCE (Where depeated lived of institution; Residence before admission)  |
| ifter d<br>the fu<br>es 1 a<br>after d   |            | a. COUNTY  BEATERY  MARYLANO  MARYLA |
| by the Pages after |            | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)  |
| hours of in by rs. Pag. Hours  |            | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS PRING. 18. IS RESIDENCE   |
|  |            | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET AOORESS  O. IS RESIDENCE ON A FARM?  YES D NO PROPERTY OF THE PROPERTY |
|  | 3.         | NAME DF First Middle Last 14. DATE Month Day Year  |
| complete ve carbo event w  |            | (Type or print) VERDIN FOREST FORE DEATH 4 2 1966  |
| and compler remove carl  | 5.         | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1YEAR IFUNDER 24 HRS last birthday) Months Days Hours Min.   |
| n and<br>remoin any  | 108        | USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?   |
| icate be ex<br>physician a<br>n please re<br>val, and in a   | dur        | TEAVE Equip Operator CANTRELL + Short ALABAMA COUNTRY?   |
| ficate<br>phy<br>or pl<br>oval,  | 13.        | FATHER'S NAME / 14. MOTHER'S MAIDEN NAME   |
| ding<br>The<br>The   | 15         | WAS DECEASED EVER IN U.S. ARMED FORCES? ( 16. SOCIAL SECURITY NO. ) 17. INFORMANT Address  |
| The law requires that the death certificate be or attending physician. sate has been signed by the attending physician use as the burial-transit permit. Then please salth prior to burial, cremation, or removal, and it  | (Ye        | s, no, or unkown) (If yes give war or dates of service)  |
| at the deatl<br>ian.<br>ed by the atl<br>transit perm<br>cremation,  |            | 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).)  |
| hat the ician. hed by litransii. I crem.   | П          | PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) PULMONARY EMBOLISM  ONSET AND DEATH  AECENT  |
| s that ysician igned trial-transital, creatial,  | П          | 1990 OUE TO M  |
| quires the group physic seen signe seen signe to burial-to burial.   |            | Conditions, If any, which gave rise to immediate (b) HOENOCARCINOMA WITH GENERALIZED METASPASIS - MONTH  |
| tending the pass the prior to  |            | cause (a), stating the OUE TO underlying cause last. (c)   |
| atten<br>atten<br>e has<br>se as<br>th pric  | TION       | PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?   |
| t: The la<br>al or attificate h<br>for use<br>Health   | FICA       | AES NO   |
| A Too  | CERTIFICAT | 20a. ACCIDENT WAS UNDERLYING   20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.)  OR CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)   |
| PHYSICI<br>the hos<br>this ce<br>detache<br>e Dept.  | ICAL (     | 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)   |
| DING Pred by the After the Id be de le State   | MEDI       | Hour a.m.  p.m.  While at work at work factory, street, office bldg., etc.)  |
| NDIN<br>ned<br>t. Af   |            | 21. I certify that (I) (this hospital) attended the deceased from 30, 1966, to 2 mil, 1966, that (I) (we) last   |
| ATTE retail CTOI Sho   |            | saw the deceased alive on 1 April 19 66, and that death occurred at 77 M, from the causes and on the date stated above.  |
| y be retained y be retained DIRECTOR: A DIRECTOR A RE 3 Should lied with the Street Control of the Street Cont |            | Boing Public M.O. ATTENDING MED. OIRECTOR PHYS.   2 April 1966   |
| may<br>may<br>RAL<br>r, pa<br>be fi  |            | 22c. PHYSICIAN'S NAME (Type) BORIS BORKIN 22d. ADDRESS NAME (Type) BORIS |
| TO HOSPITAL OR Page 4 may be TO FUNERAL DIRE director, page 3 should be filed y  |            | BURIAL, CREMATION, 23D, DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)   |
| 25 of 19 shows   | 235        | REMOVAL (Specify) 4/4/1966 HTLEBORNE COMETENY STEELE ALXBAMA   |
|  | 24         | FUNERAL DIRECTOR AOORESS - 258. REGISTRAR 256. REGISTRAR'S SIGNATURE   |
| VR A15 (4)<br>20M 1/65   | 4          | J.W. CHAMBERS, Live SILVER SPRING MA DAAPR 7 1966 Icharles Judge   |
|  |            |  |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY and completely filled in by the femove carbon papers. Pages 1 any event, within 72 hours after Montgomery South Dakota Union MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CLTY OR TOWN (if outside corporate limits, write RURAL and give nearest town) hours Beresford Bethesda 448 Days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS **B. IS RESIDENCE** ON A FARM? The Clinical Center, Bethesda 14. Maryland (No street address NO X YES within NAME OF First DATE Month Middle Last 4. Day Year DECEASED DF Richard James Frieberg DEATH April 17 66 (Type or print) 19 5. SEX AGE (In years IF UNOER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Oays | Hours | Min. 6. COLOR OR RACE 8. OATE OF BIRTH 7. MARRIED NEVER MARRIEO SE Male White February 1937 WIOOWED F DIVORCED [7] sician a lease re and in 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done ! 11. BIRTHPLACE (County & State, or foreign country) 10b, KING OF BUSINESS OR death certificate be during most of working life, even if retired) INOUSTRY U.S.A. South Dakota Law attending physic ermit. Then plea Lawver 13. FATHER'S NAME 14. MOTHER'S MAIGEN NAME remova Bessie Bacon Roscoe Frieberg 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Records the attent t permit, 5 (Yes. no. or unkown) (If yes give war or dates of service) 1960 - 1961 The Clinical Center, Bethesda 14, Maryland cremation. 504-28-1855 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN 12 Hours signed by t PART I. OEATH WAS CAUSED BY: Probable Gram-Negative Septicemia IMMEDIATE CAUSE (a) been signed the burial-tr or to burial, c 0604 QUE TO Conditions, if any, which 16 Months Acute Myelogenous Leukemia gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. 88 (c) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIQUEING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate YES NOXX CERTIFI 20a. ACCIOENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) detamhed for the Dept. of I this 20c. TIME OF INJURY Month, Oav. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While After Id be d at work at work 21. I certify that the (this hospital) attended the deceased from 24 January 1965 to 17 April \_\_ 19 66, that (#) (we) last DIRECTOR: age 3 should led with the 1966 and that death occurred at4:45M, from the causes and on the date stated above. saw the deceased alive on 17 April 1 22a. SIGNATURE 22b. OATE SIGNED AMMEO. page ATTENOING M.D April 1966 PHYS. **OIRECTOR** PHYS. TO FUNERAL PHYSICIAN'S 22d. director, p Clinical Center, National NAME (Type) of Health Bethesda 14. Md. -NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23¢. 23d. REMOVÁL (Specify) REGISTRAR'S SIGNATURE REC'O BY REGISTRAR VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05526MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DERY. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution, Residence before odmission) o. COUNTY o. STATE -Page b. COUNTY Mont goniers ~ MARYLAND b CITY OR TOWN ( r LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville NSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? farm 8. Give Pages Office alang with NAME OF Year DECEASED OF DEATH חם חחפנו NEVER MARRIED S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7 MARRIED IF UNDER LYEAR ost birthdov) Months WIDOWED D VORCED 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) A2. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? pages I in any prsing Chicago, Illinois Nurse 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna may and be executed 16. SOCIAL SECURITY NO. 17. INFORMANT Brother (Yes, no or unknown) (If yes give war ar dates at serv ce remayal. Yes 321-28-9581 Robert A. Fries 1B CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN Gun Shot Wind of IMMEDIATE (AUSE (a) certificate shauld burial, crematian, DHE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPS PERFORMED? NO X 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port I of item 1B.) PRIMARY FOR CONTRIBUTING CAUSE OF DEATH 20c TIME OF N.JRY Month, Dov. Year 20d NJURY OCCURRED 20e PLACE OF NJURY (Home, form, 20f (City or town) = (County) While of work of work factory street, office bldq., etc.) Rockville Montapproximat. 21 I certify that I took charge of the remains described above, held on Autopsy Inspection 🔀 Inquiry 🕺 and in my opinion Notural causes Suicide A. death resulted fram. Accident Homicide [ Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** JOHN G. BALL FO FUNE Health NAME (Type) Address (Street, city, town, or county) Bethesda. 230 BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Arlington Nat'l Cem. Arlington, Virginia Burial 24 FUNERAL DIRECTOR VR A15ME (5) Bethesda, Maryland DATE 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death hours after death. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY a. STATE by the f Pages 1 MARYLAND b. CITY OR TOWN (if cutside corporate limits write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and gi C. LENGTH OF STAY IN 1b ye hearest town) filled h. Par. Par. completely filled ove carbon papers. event, within 72 h d. NAME OF AOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRES ON A FARM? YES NO executed within NAME OF 3. Middle 4. DATE Month Day First DECEASED OF DEATH 25-1966 (Type or print) AGE (In years | IF UNDER 1 YEAR | FUNDER 24 HRS. last birthday) | Months | Oays | Hours | Min. sectain and con ass remove SEX COLOR OR RACE 8. DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED WIDOWED -DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR RTHPLACE (County & State, or foreign country) during most of working life, even thretired) INDUSTRY and physicia in please minian dec certificate transit germit. Then p, cremation, or rem or removal, MOTHER MAIDE NAME Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANC 17. Skrawa (If yes give war or dates of service) death INTERVAL BETWEEN OWSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), PHYSICIAN: The law requires that the the hospital or attending physician. lleen signed by t the burial-trassit or to burial, crems PART I. DEATH WAS CAUSED BY: . IMMEDIATE CAUSE (a) **DUE TO** Conditions. If any, which (b) gave rise to immediate as the prior to **DUE TO** cause (a), stating the underlying cause last, ifter talls certificate ham be detached for use as State Dept. of Health price CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES F NO 20a. ACCIDENT WAS UNDERLYING [ DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) (State) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, TIME OF INIURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. age 3 should be diffed with the State Not While While be retained by at work p.m. at work ATTENDIN 19 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at M. A. M. from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a. SIGNATUR Page 4 may be
TE FERRAL EITE
director, page 3
should be filed v ATTENDING MED. DIRECTOR STAFF PHYS M.D. PHYS. PHYSICIAN'S 22d. ADDRESS BURIAL, CREMATION, REMOVAL (Specify) Burial 23d LOCATION (City, town occounty) CEMETERY OR CREMATORY (State) 23b. DATE THEREO 4-28-66 Gaithersburg, Forest Oak REC'D BY REGISTRAR FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS lle, Md. H. Barber Francis VR A15 (4) 15M 4-64

This to the first forther this will the section in 1 No horre - Tuesase - Production - April 20 44 simbe whote a Apai 21-16.7 77 4 As some were les ordered has the throughout that him to a Stindenme I Friebe Goong Likinder Kinste 576-67. 20 th Herrith A before soots poplaring to . 1 . 3 . 9 1 1 Tre 11 .. 4 178 P liga intersection 1-112 Chylatac accident pi-17 63 21 16 65

12-24- 44 12-17- 64 4-21- 16 william to another to WILLIAM C MILLER 90 com Men 4. the d 1, mi

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH by the funeral Pages 1 and 2 nours after death requires that the death certificate be executed within 24 hours after death. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH b COUNTY a. STATE Monditude papers. Pages 1 Iyin 72 hours after MARYLAND b CITY OR TOWN (If autside carparate limits, (If autside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 CCITY OR TOWN write RURAL and give negrest town D. w. . . rainable anval Rosh d NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? filled NO K YES NAME OF Middie DATE 0 K Eirst Lost Dov Yeer DECEASED (Type or print) Charles Eithe 7 DEATH April 19 GALLOWAY b ŧ S SEX 9 AGE ( n years IF UNDER ! YEAR IF UNDER 24 HR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH Just birthday) Months Hours Male Cauc Jan. 31, 1940 WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) duppg most at working life, even if retired) INDUSTRY **COUNTRY?** U. S. Navv Evansville. Ind. TISA 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, or remaval, attending permit. The INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give war ar dotes of service) UNKNOWN Navy records INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Transverse laceration of proximal descending IMMEDIATE CAUSE (o) aorta with exsanguinating hemorraage into DUE TO adjacent viscera. Conditions, if any, which gave rise to immediate couse (a). DUE TO use as the latter to the stating the underlying cause has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? O HOSPITAL OR ATTENDING PHYSICIAN: The YES X NO After this certificate State Dept. af He 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20o ACCIDENT WAS UNDERLYING FT OR CONTRIBUTING CAUSE OF DEATH AircraIt accident detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20k JUME OF INJURY Month, Day, Year Hour o.m 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) While at Work factory, street, affice bldg., etc.) 2Ala pm Apr.] 21. I certify that (I) (this haspital) attended the deceased from 19 . 19\_\_\_\_, that (1) (we) las \_\_\_\_. to and that death occurred at M. fram causes and on the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an 22a, SIGNATURE 22b. DATE SIGNED CAPTENDING MED. STAFF PHYS Apr. 8, 1966 M.D DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) U. S. Naval Mospital, Bechesda, Md. F. Russo. 230 BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (County) (State) REMOVAL (Specify) Arlington, Virginia Arlington National 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR W. W. Chambers VR A15 (4) 20 M 1/66 1400 Chapin St., N. W. Washington.

Film & 375 - 4/11/66 - Mont.

**MARYLAND STATE DEPARTMENT OF HEALTH** Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Montgomery b. COUNTY Maryland rince Georges MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give pearest town)

Bethesda (Rural) c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b 12 days Adelphi d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AODRESS e. IS RESIDENCE U. S. Naval Hospital 8505 20th Court NO X YES 3. NAME OF Middle Last Month DATE DECEASED Martha Betty Jo GEARY April 66 (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE | 7. MARRIED IX | NEVER MARRIEO DATE OF BIRTH AGE (In years, IF UNOER 1 YEAR) IF UNDER 24 HRS last birthday) | Months | Qays Hours Female Cauc May 25, 1930 WIDOWED [ OIVORCED [ 10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) INOUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Georgia USA Housewife 13. FATHER'S NAME 14 MOTHER'S MAJOEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANTS, c/o FPO, SanFrancisco, Calif. (Yes, no, or unknwn) i (If we nive war or dates of service) dDR Joseph R. Geary, Staff Commander Carrier 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8 **burial-transit** cremation. OUE TO Conditions, if any, which geve rise to immediate **DUE TO** ceuse (a), steting the underlying causa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION YES P NO . 20a. EXTERNAL CAUSE WAS PRIMARY X or CONTRIBUTING CAUSE OF DEATH. 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part Ji of Item 18.) womited 3 should agent, pri CAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, officebldg...etc.) MEDI should be Inquiry , 21. I certify that I took charge of the remains described above, held an Autopsy and/in my opinion Inspection DIRECTOR: death resulted from: Natural causes Acetdent Suicide Undetermined manner CHIEF MEDICAL EXAMINER YOUr ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 5 능 DEPUTY MEDICAL MAMINER **EXAMINER'S** NAME (Type) or county) BURIAL, CREMATION, REMOVAL (Specify) Arlington National Arlington, Virginia Burial 24. FUNERAL DIRECTOR Francis Gasch's REC'O BY REGISTRAR Sons, Baltimore Ave. 1966 VR AISME (5) Hyettsville Md 1/65

Film \$376-5/9/66-Originally reported on regular death certificate

| 1 *   | MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH  () 5500   |                 |
|---|--|-----------------|
| by the funera<br>and 2 should<br>death  | 1. PLACE OF DEATH a. COUNTY  HONT GOND TY  MARYLAND b. CITY OR TOWN (if outs de corporate limits, write RURAL and give nearest town)  2. USUAL RESIDENCE (Where decessed lived, if institutions Residence before edmis e. STATE b. COUNTY  MARYLAND CITY OR TOWN (if outs de corporate limits, write RURAL and give nearest town)  | sion)           |
| ref. rages I hours after  | Rural Gaithersburg  d. NAME OF HOSPITAL OR INSTITUTION (rf not in hospital, give street eddress)  Rural Gaithersburg,  d. STREET ADDRESS  e. IS RESIDE: ON A FAI YES NO  3. NAME OF First Middle Lest 6. DATE Month Dey Year   | RM7             |
| are be executed and and complete e carbon paper (gent, within 72)   | DECEASED (Type or print)  William Andrew Godfrey  5. SEX  6. COLOR OR RACE   7. MARRIED   DIVORCED   Sept. 25, 1882  WIDOWED   DIVORCED   Sept. 25, 1882  10a USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHP. ACE (County & Stelle, or foreign country)   12. CITIZEN OF WHAT COUNTY   12. CITIZEN OF WHAT COUNTY   13. CITIZEN OF WHAT COUNTY   14. CITIZEN OF WHAT COUNTY   15. CITIZEN OF WHAT COUNTY   15. CITIZEN OF WHAT COUNTY   16. CITIZEN OF WHAT COUNTY   17. CITIZEN OF WHAT COUNTY   18. CITIZEN OF WHAT COUNTY   18. CITIZEN OF WHAT COUNTY   19. CITIZEN OF WHAT CO | lin.            |
| ng physicia<br>ease remov<br>d in any av  | Retired Farmer  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  | -               |
| N: The law requires that the der<br>or attending physician.<br>e has been signed by the attendil<br>the burial-transit permit. Then ple<br>burial, cremation, or removal, and | Borequard D. Godfrey  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (Myes give war or deles of service)  218-09-5108  18. CAUSE OF DEATH (Enter only one cause per line for [e], (b), end (c).)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which geve rise to immediate cause (e), staling the undertying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTO   | sbu<br>g M<br>f |
| ENDING PHYSICIA Tained by the hospital R. After this certifical statement for use as pt. of Health prior to   | Benigh Hypertrophy of Pi-Ostate C-/and yes no  20%. Accident was underlying and 20%. Describe how injury occured, (enter neture of in ury in Pert if or Pert II of Ifem 18.)  OR. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20%. Time of Injury Month, Dey, Yeer 20%. Injury occurred thousand the property of the pro | (d_             |
| HOSPITAL WATTE<br>sth Page 4 be ret<br>FUNERAL CIO<br>ector, page . should be<br>filed with the State Der   | 21. I certify that (i) (this hospital) attended the deceased from  | oove.           |
| VR A'S (4)  | 23a, BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)  REMOVAL (Specify)  April 25, 1966 Lay tons ville  Lay tons ville  Address  Prancis H. Barber Laytonsville, Md.  25a, REC'D BY REGISTRAR 25b. REGIST |                 |

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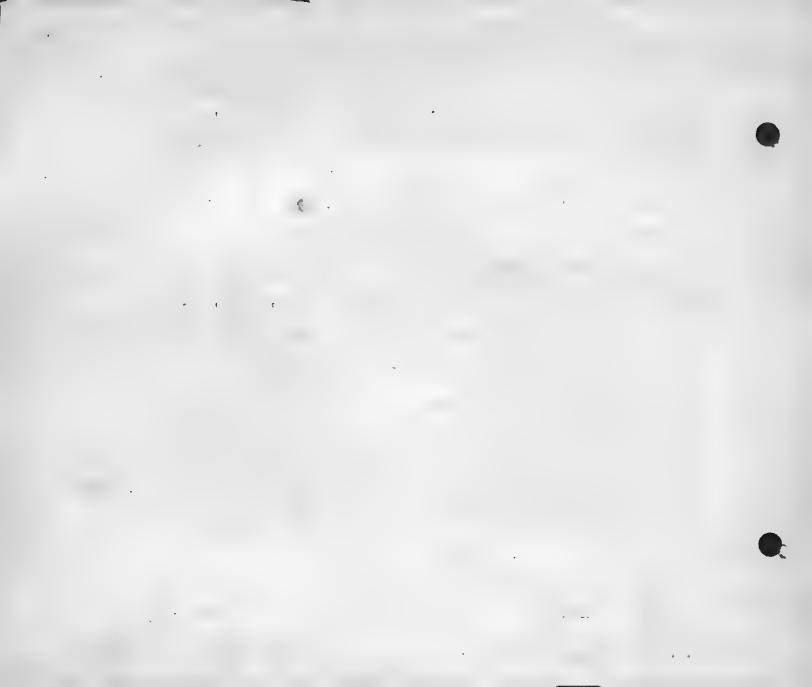
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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where dec esed lived, If institution, Residence before from \$4 a. COUNTY b. COUNTY Montgomery Maryland MARYLAND Howard b. CITY OR TOWN of outside corporate limits, c. CiTY OR TOWN If outside corporate limits, write RURAL and give nearest town c. LENGTH OF STAY IN 16 write RURAL and give nearest lown) hrs. Clarksville. d NAME OF HOSPITAL OR INSTITUTION , I not in hospital, give street a street d STREET ADDRESS e. IS RESIDENCE ON A FARM? Montgomery General Hospital YES NO Tridelphia Rd. 3. NAME OF M ddle DATE DECEASED OF {Typa or print] DEATH Dorothy Virginia Gordon 19 66 6. COLOR OR RACE T. MARRIED TO NEVER MARRIED TE B. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR last birthday) | Months Days W.DOWED T DIVORCED | IDA, USUAL OCCUPATION (Give kind of work 106 K NO OF BUSINESS OR INDUSTRY 11 BIRTHPLAC. State or fora on country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Clerical USA Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Sadie Burdette 15, WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Addrass (Yes, no, or unkown) | (If yes give war or datas of service) No Medical Records, Olney, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c | INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: immediate cause (a) Lacerated liver and spleen with secondary DUE TO Conditions, if any, which b exsanguination. gava rise to immediate cause DUE TO (a), stating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a), 19. WAS AUTORSY CERTIFICATION PEREORMED? 20a, EXTERNAL CAUSE WAS "Truck" collided with 1t af PRIMARY OF CONTRIBUTING I prior CAUSE OF DEATH. iling to yield right of way.
2Dd. INJURY OCCURRED 2Dd. PLACE OF NJURY (Home, farm MEDICAL 20c. TIME OF INJURY Month, Day Year 2Df. (City or town) factory, street, office bldg., etc.) at work 🏋 Rt 216 Howar: Md. at work Street 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry and in my opinion Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE NAME (Type) 22a. BURIAL, CREMATION. 22c. NAME OF CEMERER OR CREMATORY 22d, LOCATION (City towl) REMOVAL (Specify) Clarksville, Md Linthicum Chapel Burial 23. FUNERAL DIRECTOR ADDRESS 24a REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE . Higinbothom, Ellicott City, Mo

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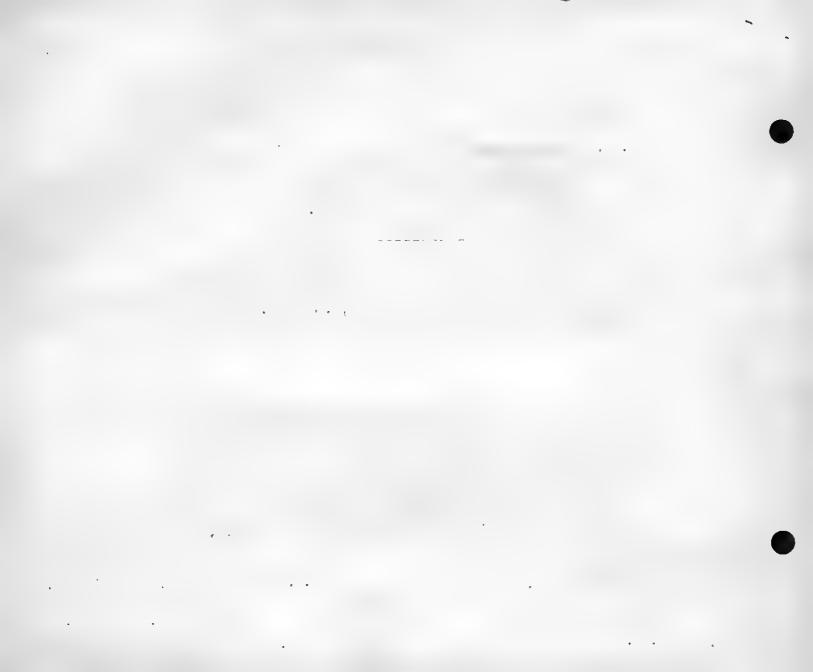
VR A15ME 5M 1/62



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Montgomery a. STATE b. COUNTY Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 14 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) XXXXXXXXXXX Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 1030 Lanark Way Holy Cross nospital of silver Spring NOX. law requires that the death certificate be executed within completely NAME DE Last DATE DECEASED DF J esse B. arton Greer 4 66 (Type or print) DEATH 19 DATE OF BIRTH 5. SEX 6. COLOR OR RACE AGE (In years | IF UNOER 1 YEAR ) FUNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months | Oavs Bale Wnite Hours and WIDOWEO [ DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working I fe, even if retired) COUNTRY? DIRECTOR INS 13. FATHER'S NAME U.S. removal. MOTHER'S MAIDEN NAME been signed by the attending pl the burial-transit permit. Then it to burial, cremation, or remova NEWSKINGS Sarah Platt C.A. Greer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) 453-09-804 Jean Greer 18. CAUSE OF DEATH [Enter only one cause per line for (a), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. Conditions, If any, which gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. SB CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY The PERFORMEO? certificate NO YES T SVASCULAR 5 20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18. OR CONTRIBUTING ( ) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) factory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Oay, Year | (County) (State) Hour a.m. After Id be d Not While HOSPITAL OR ATTENDING age 4 may be retained by at work at work 19 66 to TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from 19 6 and that death occurred at Z PM. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNEO DIRECTOR PHYS. ADORESS PHYSICIAN'S NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. OATE THEREOF REMOVAL (Specify) Hillorest Memoiral Garden Rocios Lexinaton. 25a. REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR > MA = 100 -VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15533 The law requires that the death certificate be executed within 24 haurs after death. death and 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) Fresholetely filled in by the funeral move carbon papers Pages I and any event, within 72 haurs after deat PLACE OF DEATH o. COUNTY Montgomery o STATE **6 COUNTY** New Jersey MARYLAND b CITY OR TOWN (If outside corporate I mits, C LENGTH OF STAY IN 16 c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Bethesda (Rural) 28 days Metuchen d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? U. S. Naval Hospital YES NO DE 12 Clive Hill Road 3 NAME OF 4 DATE Middle Month Doy Year DECEASED Helen GUBBINGS (Type or print) Joyce DEATH April IF UNDER 1 YEAR S SEX 8 DATE OF SIRTH AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lestopirthdoy) Months 21 Hours Dec. 6 1937 Female Cauc WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 SIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT physician a during most of working life, even if retired) \_INDUSTRY\_ COUNTRY? gnd Indiana USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Frances Symes Eldora Richardson 16 SOCIAL SECURITY NO. 17 INFORMANT Address New Jersey IS WAS DECEASED EVER IN U.S. ARMED FORCES? Metuchen (Yes, no, or unknown) (If yes give wor or dotes of service) Unknown Mr. John S. Gubbings, 12 Clive Hill Road/ burial-transit permitality of no CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) NTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Acute Myelomonocytic Leukemia IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if any, which gave rise to immediate couse (a). DUF TO attending p stoting the underlying couse prior tal O FUNERAL DIRECTOR: After this certificate has been for use as the WAS AUTOPS)
PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES X NO the haspital or 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER! TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While factory, street, office bldg., etc.) of work Page 4 may be retained by 21. I certify that (t) (this hospital) attended the deceased fram March 30, 1966, ta April 27, 1966, that (t) (we) last 1966, and that deoth occurred of 1055 M, from causes and on the date stated above. sow the deceosed alive on April 27 22b. DATE SIGNED 22a SIGNATURE ATTENDING 28 April 1966 X director, page 3 shauld be filed v DIRECTOR PHYS. ADDRESS 22c PHYSICIANA U.S. Naval Hospital, Bethesda, Md. Jack C. Zimmerman 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23a BUR.AL, CREMATION, 23b DATE THEREOF Bur May Transit **Delray Crematory** Delray, P. Beach Co.Florida
REGISTRAR 256. REGISTRAR'S SIGNATURE 4/29/66 250 REC D BY REGISTRAR M. A. Fumphrey Funeral Home, 7557 Wisconsin Ave VR A15 (4) 20 M 1/66 Michaelly Judge Bethesda, Maryland



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPTY PLACE OF DEATH USUAL RESIDENCE (Where deceased I ved, if institution. Residence before admission) 2, and ... PM3. Page a COUNTY a STATE YTMUQD Ld 10 death MARYLAND C LENGTH OF STAY IN . 6 c CITY OR TOWN (if jours de corparate limits, write RURAL and give nearest town) CIY OR TOWN (I outside corporate limits write RURAL and give negrest Kom d NAME OF HOSPITAL OR INSTITUTION e IS RES DENCE ON A FARM? (I not in haspital give street address) d STREET ADDRESS alang with farm 72 hours ate YES NO 🔽 haurs ofter death NAME OF Middle DATE Day DECEASED OF DEATH within (Type or print) S SEX 6 COLOR OR RACE DATE OF SIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED buthday) Manths Days Hours DIVORCED event 2 10h KIND OF BUSINESS OR 12 CITEZEN OF WHAT during most of working life, even if retired COUNTRY ? dumbio 13 FATHER'S NAME MOTHER'S MAIDEN NAME This certificate should be executed within 14 FI e pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates of service) or removal, 18 CAUSE OF DEATH (Enter only one cause per line-for (a), (b), and (c)) NTERVAL BETWEEN burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY MMEDIATE CAUSE (a) crematian, DUE TO farwarded to the Canditians, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause 0 burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALTOPSY PERFORMED? NO certificate, D. 3 should be 20a EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) agent, priar CAUSE OF DEATH 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or fawn) (County) (State) Haur a.m. factory, street, affice bldg., etc.) Not While FUNERAL DIRECTOR: Page at wark at wark designated 21 | certify that I taak charge of the remains described above, held an Autopsy [ Inquiry 🔀 jo Inspection and in my opin on the tuneral directar. death resulted fram Natural causes Undetermined manner Accident Suicide Hamicide be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health or i **EXAMINER'S** NAME (Type) 23a BJRIAL, CREMAT ON. 23b DATE THEREOF OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) 0 REMOVAL (Specify)
Burial Colmar Flanor, Md. Lincoln Cemetery 1966| Ft 24. FUNERAL DIRECTOR myattsville, Md. F. Gasch's Sons VR A15ME (5), 6M 1/66

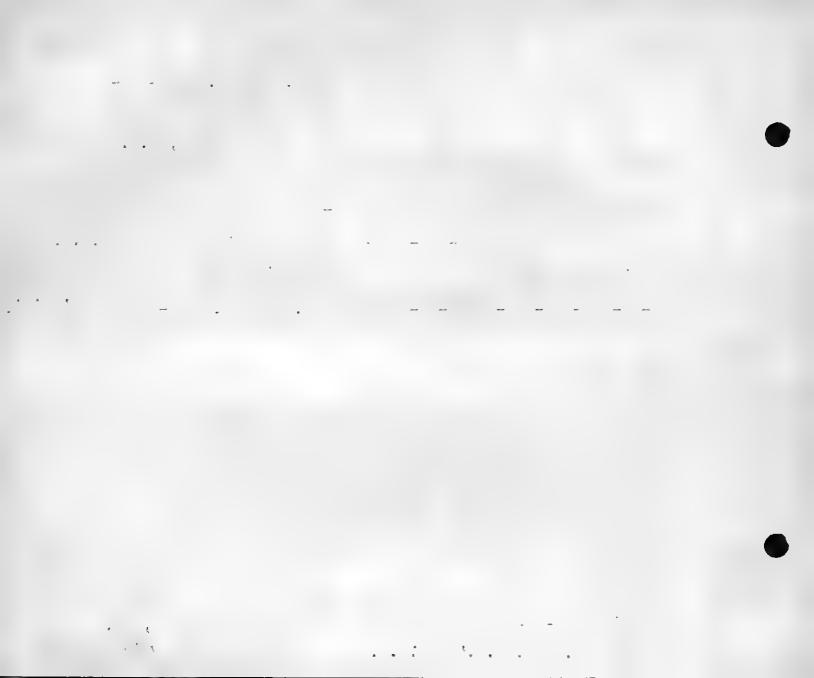
MARYLAND STATE DEPARTMENT OF HEALTH



|              | 1 (  | M  | MARYLAND STATE DEPARTMENT OF HEALTH  OF DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1  | MARVIAND                            |
|--------------|--|----|---|-------------------------------------|
| and the same | 4 202  |    | CERTIFICATE OF DEATH  | 05534                               |
|              | after death.  the funeral ges 1 and 2 after death.   |    | 1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution a. STATE b. COUNTY   | n: Residence before admission)      |
|              | fter<br>he<br>s 1  |    | Montgomery Maryland Maryland Mo   | ntgomery                            |
|              | s all by the Page  |    |   | RAL and give nearest town)          |
|              | hour I in S.   |    | Olney 9 hrs. 35 min Sandy Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS   | e. IS RESIDENCE                     |
|              | executed within 24 hours after and completely filled in by the french by the french by the french within 72 hours after an any week within 72 hours after  | ,  |   | ON A FARM?                          |
|              | ely crithing   | 17 | Montgomery General Hospital Brooke Road  3. NAME OF First Middle Last   4. DATE Month   | YES NO 31                           |
|              | wit  |    | DECEASED (Type or print) Harrison E. Hackett DEATH April  | 9 19 66                             |
|              | complete v   |    | 5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UN  | DER 1 YEAR IF UNDER 24 HRS.         |
|              | Xec.   | `  | Male Negro WIDOWED DIVORCED 12/ /91 74 VIS. MONTH   | hs Days Hours Min.                  |
|              |  |    | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Gounty & State, or fereign country) 12 during most of working life, even if retired)   | 2. CITIZEN OF WHAT                  |
|              | ysici<br>ysici   |    | laborer unknown Maryland  | COUNTRY?                            |
|              | ficat<br>phy<br>en p   |    | 13. FATHER'S NAME   |                                     |
|              | ding<br>The  |    | unknown Anna Hackett  |                                     |
|              | the tten   |    | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Montgomery Gen. Address (Yes, no, or unknown) (If yes give war or dates of service)   |                                     |
|              | dea<br>de a<br>per a   |    |   | ney, Md.                            |
|              | the sylth  |    | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:  | INTERVAL BETWEEN<br>ONSET AND DEATH |
|              | hat<br>cian<br>ed t  |    | PART 1. DEATH WAS CAUSED BY: Engestive Heart Forlure  | - Jacay                             |
|              | es tl<br>hysi<br>sign<br>urial   |    | Conditions, If any, which \ DUE TO Browning Selections is - severe  | +CN03/c                             |
|              | Parity of the pa |    | gave rise to Immediate  |                                     |
|              | s de die   |    | underlying cause last, (c) FTI/(27/129cM10T12 FT (2011) Sease   | 115.                                |
|              | atte   |    | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I   | 19. WAS AUTOPSY<br>PERFORMED!       |
|              | The Coate  | 2  | Ellmorory Compressiona.   | YES NO                              |
|              | TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and condincator, page 3 should be detached for use as the burial-transit permit. Then please retained with the State Dent, of Health prior to burial, requasing on removal, and in any we   |    | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item (IF EITHER, NOTIFY MEDICAL EXAMINER)  | 18.)                                |
|              | HYS<br>he h<br>this<br>etac  |    | 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 20f. (City or town)   | (County) (State)                    |
|              | by the contract of the contrac |    | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  While Not While at work at work   | 1/                                  |
|              | ATTENDING retained by ECTOR: After 3 should be with the St   |    | 21. I certify that (I) (this hospital) attended the deceased from 107 to 4/7 , 19   | 6, that (I) (we) last               |
|              | etaire<br>TOR<br>Short   |    | saw the deceased alive on 4/90, and that/death occurred at 500 M, from the causes and company the causes and company the causes and company the causes are company to the causes and company the causes are company to the causes and company the causes are company to the cause are company to the | in the date stated above.           |
|              | Se resident  | 1  |   | . DATE SIGNED                       |
|              | AL O   | 1  | M.D. ATTENDING MED. STAFF DIRECTOR PHYS.  |                                     |
|              | D HOSPITAL (Page 4 may 1 o FUNERAL D director, page should be file   | 2  | NAME (Type) Donald R. Lewis, M.D. Medical Center, Sandy Spri  | ng, Md.                             |
|              | F Sa Care  |    | 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or REMOVAL (Specify)   |                                     |
|              | H 1  |    | Burial 14/14/66 Ash Memorial Sandy Sprin  | ig. Mo.                             |
|              | 100 110 11   |    | Robert Snowen Carlo Kullo M   | TAR'S SIGNATURE                     |
|              | VR A15 (4)<br>20M 1/65   |    | MOCNOTIFE MEAN 13 1866 The  | 200 Judge                           |
|              |  |    |   | // //                               |

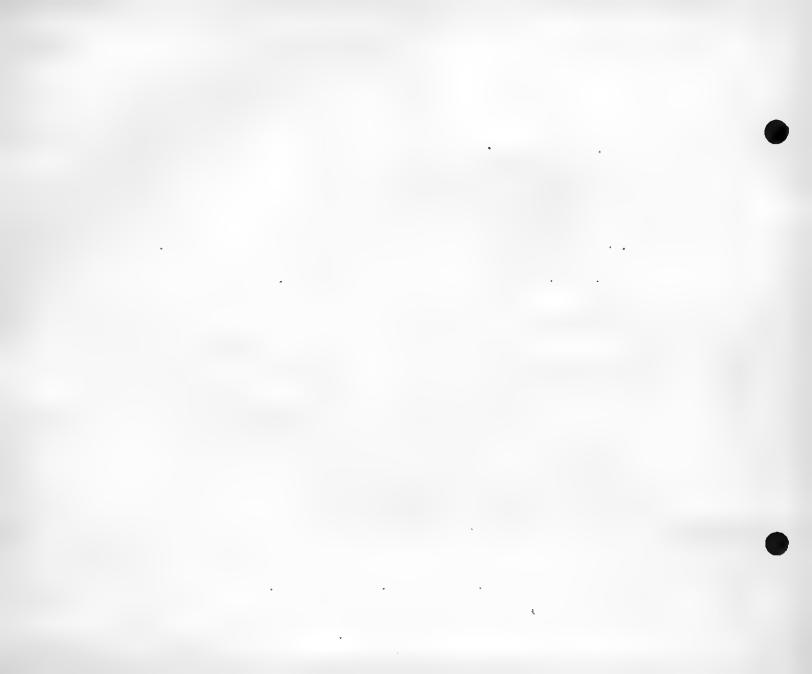
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 20 and 2 funera 1. PLACE OF DEATH B. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY oon papers. Pages I within 72 hours after Montgomery st. MARYLAND of Col by the b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Kensington Ξ Washington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Carroll Hall Sanitarium Tunlaw Road. NO X YES completely ve carbon p death certificate be executed within NAME OF Middia DATE Month Day Year DECEASED event, 1 P HAHN (Type or print) HINNIE DEATH 19 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | last birthday) | Months | Days emove DATE OF BIRTH 7. MARRIED 9. NEVER MARRIED NY. Hours v 'emale White 83 DIVORCED 9-6-1882 10a. USUAL OCCUPATION (Give kind of work done ) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY None U.S.A. West Virginia phys 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal James Morrison Sallie Fugitt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ŏ (Yes, no, or unkown) (If yes give war or dates of service) Washington cremation, 265-86-0457-T/ the CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), ] INTERVAL BETWEEN as the burial-transit prior to burial, crema ONSET AND DEATH this certificate has been signed by PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO SENERALIZED LARCINOMATOSIS Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? ō SENILITY YES NO F detached for the Dept. of H 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, (County) 20f. (City or town) (State) be de Not While factory, street, office bldg., etc.) a After Hour a.m. While at work 19 at work be retained 1966 to APRIL 19 1966 that (1) (we) last 21. I certify that (I) (this-hospitel) attended the deceased from APA TO FUNERAL DIRECTOR: director, page 3 should should be filed with the saw the deceased alive on APRIL \_19\_66\_, and that death occurred at//:05\_M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED. ATTENDING PHYS. M.D. DIRECTOR PHYS. may 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Chose BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) Burlel REC'D BY REGISTRAN 966 Cemetery 24. J FUNERAL DIRECTOR
24. J FUNERAL DIRECTOR
24. J FUNERAL DIRECTOR
51.30 Wisc. Av ADDRESS S VR A15 (4) Ave 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution. Residence before admiss an) a. STATE Page ō death. MARYLAND delay C LENGTH OF STAY IN 15 autside carparate imits write RURAL and give nearest tawn) IS RESIDENCE ON A FARM? d STREET ADDRESS ( finot in haspital a ve street address) hours 8 Give Pages 1, olang with form Stote [ NO W n 24 hours after death 3 NAME OF First DATE Month Day DECEASED OF DEATH 12 (Type or print) S SEX YEAR 7 MARRIED NEVER MARRIED AGE ( n years last birthday) DIVORCED 10a USUAL OCCUPAT ON (Give kind of work done KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY Medicol Exominer's pencil in 13 FATHER S NAME be executed with Hamilton Sr. and DW YEIGHDAS IADOZ 51 INFORMANT removol. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c) ) INTERVAL BETWEEN DEATH WAS CAUSED BY 20 IMMEDIATE CAUSE (a) This certificate should cremation, DUE TO Canditions, if any, which gave rise ta immediate cause (a). DUE TO stoling the underlying cause forwarded burrol, 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 😿 agent, prior to 20g EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 of 2em 18) PRIMARY CONTRIBUTING plnods **CAUSE OF DEATH** 20c TIME OF INJURY Manth, Day, Year 20d INJRY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (Caunty) (State) factory, street, affice bldg., etc.) Not While at wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry K. and in my apinian retained for FUNERAL DIRECTOR: death resulted fram: Natural causes 🔀 Accident Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 0. DEPUTY MEDICAL EXAMINER **EXAMINER'S** O FUNE Health NAME (Type Address (Street, city, tawn, or county) BLRIAL CREMATION, 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) Apr.66 Arlington, Va. Arlington National 2Sb REGISTRAR'S SIGNATURE Rockville, 250 REC D BY REGISTRAR VR A15ME (5) 6M 1766



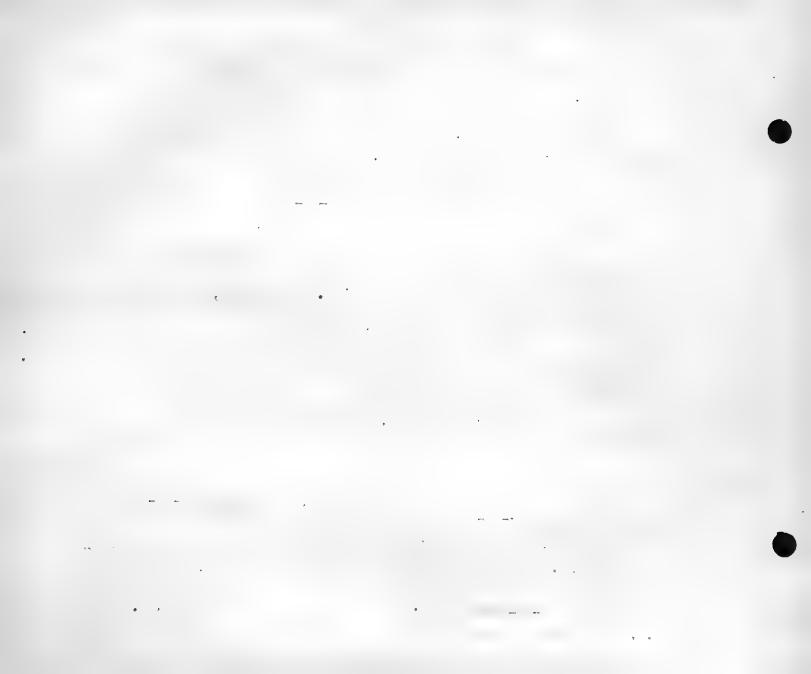


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. and ; USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY, r filled in by the fu papers. Pages 1 hin 72 hours after p Montgomery Maryland Mantgemery MARYLAND b, CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town) Olney Highland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Montgomery General Hospital within Bhook/Grøye/Boundatiøn NO T executed within etely 3. NAME OF Middle DATE Month Day Year DECEASED Milton Bentley Harding ve cart event, 19 66 April (Type or print) DEATH SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | Days | Hours | Min 7. MARRIED X NEVER MARRIED Months I Days White Male WIDOWED | DIVORCED [T] 5-17-1880 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

Retired 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) Maryland USA physic n pled The law requires that the death certificate removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ed by the attending partransit permit. Then, cremation, or remova Noah Harding Helen KANCKA Iglehart 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) No Mrs. Elaime Lynn, 20 Pheasant Drive, Elkridge has been signed by the as the burial-transit p h prior to burial, cremating 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. Acute cardiac failure hrs. IMMEDIATE CAUSE (a) DUE TO 10 yrs, Conditions, if any, which Coronary sclerosis gave rise to immediate DUE TO cause (a), stating underlying cause last. WAS AUTDPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? YES X NO [ Bronchopneumonia, bilateral 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING F this certify detached for Dept. of B OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INIURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (State) 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour a.m. Not While retained by at work p.m. at work Ф \_66. that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from July. DIRECTOR: age 3 should led with the M from the causes and on the date stated above. saw the deceased alive on 1 22 19.66, and that death occurred at 22b. DATE SIGNED 22a. SIGNATURE page ATTENDING MED X PHYS DIRECTOR PHYS. may HOSPITAL FUNERAL 22c. PHYSICIAN'S ADDRESS director, p should be NAME (Type)Dr. Charles Whitaker Clarksville, Maryland Page 4 BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State Mt. Zion Highland, Md. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE F.C. Higimbothom, Ellicott City, Md 1/65

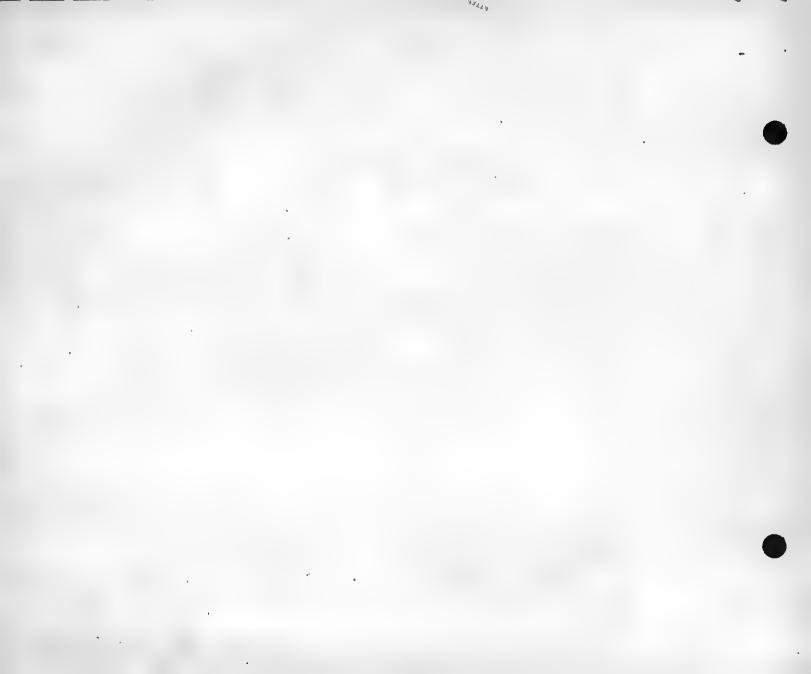
MARYLAND STATE DEPARTMENT OF HEALTH



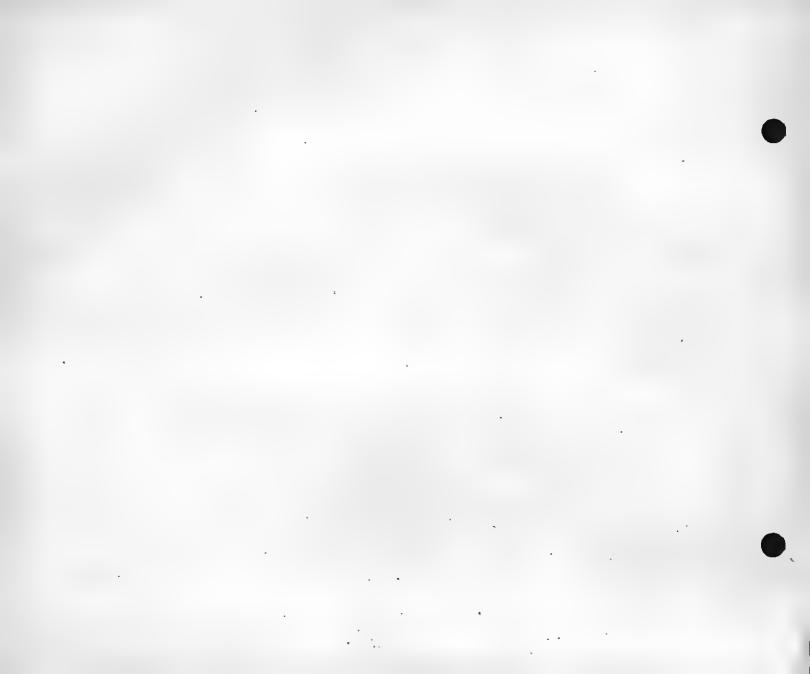
| MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE   | E, MARYLAND 21201  |
|--|--|
| FOR STATE (1) 0554() MEDICAL EXAMINER'S CERTIFICATE OF DEATH   | 05539  |
| TO STATE MONTY MONTY ONTERY  | d, finstitution Residence before admission) b COUNTY Moint girriery                    |
| write But A and a ve year town) se - Year's Chews Chas.  | is, write RURAL and give nearest town)   |
| - 1 0 0 0 0 1 4905 1 ERM Y STREET.   4705 13ERM  | Street on a farm? YES NO X   |
| 3 NAME OF DECEASED (Type or pr.nt)  S SEX  6. COLOR OR RACE / MARRIED NEVER MARRIED 8 DATE OF BIRTH  9 AGE (Jost Jost Jost Jost Jost Jost Jost Jost  | Manth Doy Year 22 1966   |
| widowed Divorced 320 1. 1911 53-   | (In years   IF UNDER I YEAR   IF UNDER 24 HRS birthday)   Months   Days 21 Haurs   Min |
| WIDOWED D.   | 12 CITIZEN OF WHAT COUNTRY?  |
| Julius A. Tellier Martha Ri  | umbaugh  |
| 2 AVA DECENSION OF MOMENTAL AND A MOMENTAL AND A MANAGEMENT OF THE PROPERTY OF | 14 Chase Mc.   |
| PART I. DEATH WAS CAUSED BY DEACH POIS OF ING  | INTERVAL BETWEEN   |
| (Yes, no or unknown) (If yes give war ar dates of service)  Reed Harris - Cheed  The Conditions of the course per line for (a), (b), and (c))  PART I. DEATH WAS CAUSE DY  IMMEDIATE CAUSE (a)  DUE TO  Conditions if any, which gove rise to immediate cause (a), storing the underlying cause (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE COND T ON GIVEN IN PART II.   | 341.   |
| PART II OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO BEATH OUT NOT RELATED TO THE TERMINA DICEASE CONDITION ON DATE  | ART I(o) 19 WAS AUTOPSY PERFORMED?   |
| 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I of it   | PERFORMED? YES NO  |
| The state of million and a second st | or town) (County) (State)  |
| CAUSE OF DEATH  TOOK - OVER COSE - OF CAUSES -  CAUSE OF DEATH  TOOK - OVER COSE -  CAUSE OF DEATH  TO | edy Chise Nont Md  |
| 21. I certify that I taak charge of the remains described above, held an Autapsy X. Inspection X death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined from: Natural causes, Accident, Suicide, Hamicide, Undetermined from: Natural causes, Accident   | ), Inquiry (X), and in my apinia<br>mined manner [                                     |
| ACTUAL SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  EXAMINER'S  NAME (Type)  Address (Street, city, town, or count   | 4/2 3/66 22. DATE SIGNED   |
| 23g BURIA, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION   | (City or Town) (County) (State)  |
| Cremowalization 4/25/1966 Cedar Hill Prince  VR A15ME 15 THE PRINCE A. Pumphrey Bethesda, Md. 250 APR 26 196   | Geo. Co. Md.   |



| )   | 1   |     | MARYLAND STATE DEPARTMENT OF HEALTH  |  |  |  |  |  |
|-----|---|-----|--|--|--|--|--|--|
| W.  |   |     | DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH  (15541)  |  |  |  |  |  |
| d.  | death.  | Ν.  |  |  |  |  |  |  |
| 3   | oform /   | 牙   | 2. USUAL RESIDENCE (Where degrased lired, If institution: Residence before admission) a. STATE / D. COUNTY -   |  |  |  |  |  |
| 61  | urs after<br>n by the<br>Pages 1<br>ours after  |     | b. CITY OR TOWN (if outside corporate limits, c. LENCTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)   |  |  |  |  |  |
|     | Page  |     | with works and give hearest town)  |  |  |  |  |  |
| 3   | hours<br>d in by<br>irs. Pa   | ]-  |  |  |  |  |  |  |
|     | 24<br>fille<br>pape<br>in 7   |     | ASING (ROSS) HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS  ON A FARM?  YES  NOW  YES  NOW  NOW  YES  NOW  YES  NOW  NOW  YES  N |  |  |  |  |  |
| B   | ecuted within to completely move carbon in event, with  |     | 3. NAME DE BECEASED First Middle 1 Last 4. DATE Month Day Year   |  |  |  |  |  |
| A   | d windle  | -   | (Type or print) with J. Milliotti DEATH Civil 42 1966  |  |  |  |  |  |
| 10  | te be executed<br>ysician and com<br>oleaso femore o  |     | 5. SEX   6. COLOR OR RACE   7. MARRIED   8. DATE OF BIRTH   9. AGE (IM years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday)   Months   Qays   Hours   Min.  |  |  |  |  |  |
| 9   | a a a   | .   | WIDDWED OIVORCED /-/3-4/ 25 yrs.   |  |  |  |  |  |
| 3   | 9 5   |     | OB. USUAL OCCUPATION (Cive kind of work done lob. KIND OF BUSINESS OR LIT. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?  |  |  |  |  |  |
| 2   | icate i   |     | Housewife Home Maryland USA  13. FATHER'S NAME  14. MOTHER'S MAJOEN NAME   |  |  |  |  |  |
| (1) | ifica<br>g   <br>len<br>lova  | -1  |  |  |  |  |  |  |
| 13  | h certificat<br>tending my<br>vit. Then p<br>or removal,  | -   | William Porter   Leona Dorothy Reaves 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SDCIAL SECURITY ND.   17. INFORMANT 341 Add Chiversity Blvc  |  |  |  |  |  |
| ci  | eath certifica<br>attending ph<br>ermit. Then i   |     | (1) yes give nin on the section section (1) yes give nin or determined the section (1) yes give nin or determin |  |  |  |  |  |
| A   | e death co<br>the attend<br>it permit.<br>nation, or r  | -   | No     213-38-4250  Mr. Paul Harrison Kensington, Md.  18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]   INTERVAL BETWEEN  |  |  |  |  |  |
| -   | - Se (A) =  | 1   | PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Superalized Cause from Santonian San |  |  |  |  |  |
| 21  | es that the<br>shysician.<br>signed by<br>urial-transi<br>urial, crem   | - 1 | OUE TO -2  |  |  |  |  |  |
| 13  | Ilres tha<br>physici<br>n signer<br>burial-ti<br>burial-ti  | - 1 | Conditions, If any, which (b) Mammay Caucinoma (8 mos  |  |  |  |  |  |
| ,   | requires<br>ding phy<br>lleen si<br>the buri<br>or to buri  | - 1 | gave rise to immediate cause (a), stating the OUE TD   |  |  |  |  |  |
| Q   | tendi<br>tendi<br>as II<br>as tl  |     | underlying cause tast. ) (c)   |  |  |  |  |  |
| ď   | The law requires that the continuing physician. I cate has lleen signed by it use as the burial-transleafth prior to burial, cre-   | -   | PERFORMED?   |  |  |  |  |  |
| d   | final of the form   | 1   | YES NO LACCIDENT WAS UNDERLYING     2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)   |  |  |  |  |  |
| 4   | JHOSPITAL OR ATTENDING PHYSICIAN: The law Page 4 may be retained by the hospital or atten function. The law if the function of the page 3 should be detached for use as should be filed with the State Dept. of Health prin |     | DR CONTRIBUTING CAUSE OF DEATH (1) (IF EITHER, NOTIFY MEDICAL EXAMINER)  |  |  |  |  |  |
| 12  | HYSI<br>the h<br>this<br>fetac  |     | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (State)  |  |  |  |  |  |
| E,  | NG F<br>by t<br>ffire<br>be d   |     | 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 While at work a |  |  |  |  |  |
|     | NOI!  |     | 21. I certify that (I) (this hospital) attended the deceased from now 1965, to april 22, 1966, that (I) (we) last  |  |  |  |  |  |
|     | short th  |     | saw the deceased alive on Open 22 1966, and that death occurred at 1200M, from the causes and on the date stated above.  |  |  |  |  |  |
|     | IR A  |     | ZZZZ ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ   |  |  |  |  |  |
|     | E D D SE  |     | ATTENDING MED. STAFF  M.O. PHYS. DIRECTOR PHYS. D  22c. PHYSICIAN'S  |  |  |  |  |  |
|     | TO HOSPITAL OR ATTEND Page 4 may be retained TO FINERIL DIRECTOR, 4 director, page 3 should should be filed with the  | /   | NAME (Type) HARRY N. (ARLTON 909 Bushin 10. Sin Spin, Mod  |  |  |  |  |  |
|     | Page<br>Page<br>direct  |     | 23a. BURIAL, CREMATION, 23b. Date THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of county) (State)  BURIAL (SPECIFY) 4/25/66 Sunshine Cemetery Sunshine, Maryland   |  |  |  |  |  |
|     |   | ۵   | BUTTA (APECIFY)   4/25/66   Sunshine Cemetery   Sunshine, Maryland  24. FUNERAL DIRECTOR   ADDRESS   25a. REC'O BY RECISTRAR   25b. REGISTRAR'S SIGNATURE  |  |  |  |  |  |
|     | VR A15 (4)  | 1   | Robert A. Pumphrey Bethesda, Md. DATPR 26 1966 Icharles Judge  |  |  |  |  |  |
|     | 2DM 1/65  | 1   | TURNITY TO DOUG TO THE TOTAL TOTAL TO THE TO |  |  |  |  |  |



MARYLAND STATE DEPARTMENT OF HEALTH -DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY DATGO MER MARYLAND b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. write RURAL and give nearest town) Uer YEARS RIN <u>.</u>= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE DN A FARM? d. STREET ADDRESS filled 00 bon par within NO X etely law requires that the death certificate be executed within NAME DE DECEASED DATE Month Day Middle Last 4. 196-60 DEATH (Type or print) DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min SEX 6. CDLDR DR RACE emove any en 8. 7. MARRIED NEVER MARRIED Days WIDOWED IX DIVORCED [ 12. CITIZEN DF WHAT 1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) as the burial-transit permit. Then please prior to llurial, cremation, or removal, and in during most of working life, even if retired) INDUSTRY umbina 55 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Address 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. (Yes, no, or unkown) (If yes give war or dates of service) SHINE INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) or attending physician. DUE TO ATHEROSCLEROSIS Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate ROMBO313 YES NO X 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury In Part | or Part | of Item 18.) 0, detached (State) 120e, PLACE DF INJURY (Home, farm.) 20f. (City or town) (County) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) tate Hour a.m. While Not While at work be o.m. 19 at work 21. I certify that (I) (this hospital) attended the deceased from 19 66. that (1) (we) last TO a) DIRECTOR: age 3 should led with tilled should 19.66, and that death occurred at/125 AM, from the causes and on the date stated above. saw the deceased alive on Court DATE SIGNED 222 SIGNATURE page ATTENDING DIRECTOR M.D. TO FUNERAL I director, pa O HOSPITAL PHYSICIAN'S ADDRESS NAME (Type) SLEX (State) NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City\_town\_or county) BURIAL, CREMATION, 23b. DATE THERED! 23c. (ouice REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25b. 24. FUNERAL DIRECTOR 1966 VR #15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e. IS RESIDENCE

Hours

Day

ON A FARM?

YES NO

Year

MERICA

PERFORMED? YES NO

(Stote)

**DATE SIGNED** 

(State)

19 660

death. Page that the death certificate be executed



| 1 🔿  | MARYLAND STATE DI<br>Division of STATISTICAL RESEARCH AND RECORDS, 30  | EPARTMENT OF HEALTH<br>DI W. PRESTON STREET, BALTIMORE, MARYLAND 21  | 201  |
|--|--|--|--|
| M  | O and the At At  | E OF DEATH   | 05543  |
| r death<br>funeral<br>1 and 2  | 1. PLACE OF DEATH  o. COUNTY  Montgomery  MARYLAND   | 2 USUAL RESIDENCE (Where deceosed lived, if institution Resider o. STATE Florida b. COUNTY   |  |
| De executed within 24 hours after death and completely filled in by the funeral aremave corban papers. Pages 1 and in any event, within 72 hours after death   | b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Bethesda (rural)  22 days   | C CITY OR TOWN (If outside corporate limits, write RURAL and give Key West   | 4 - 2  |
| n 24 hr<br>lled in<br>papers.<br>in 72 h   | d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  U.S. Naval Hospital Bethesda, Md.   | d STREET ADDRESS  1193-A Gilmore Drive   | o is residence<br>on a farm?<br>Yes \( \text{NO}\) |
| d withir<br>letely fi<br>corban<br>nt, with  | 3 NAME OF First Middle DECEASED (Type or print) James Edward   | HARROD DEATH April   | Doy Year<br>24 1966                                |
| execute<br>d comp<br>imave c   | S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED   | 8 DATE OF BIRTH  19 DEC 1923  9 AGF (In years last birthdoy) 42 yrs    FUNDER Months   FUNDER Months   FUNDER   FUNDER | Doys Haurs Min.                                    |
| iclose re<br>and in o  | 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  NA  |  | T ZEN OF WHAT<br>DUNTRY?<br>U.S.A.                 |
| certificat<br>g physica<br>hen plec<br>noval, ar   | 13. FATHER'S NAME William H. HARROD  | Vernie CRAWELL   |  |
| he death ce<br>e attending  <br>permit. The  | YES NOV45 - APR66 406 16 1564 Ag   | INFORMANT Address gnes M. HARROD, Same as Item   | #2   |
| The law requires that the death certificate be executed within 24 hours after death attending physician.  has been signed by the attending physician and completely filled in by the funeral se as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 in priar ta burial, cremation, or removal, and in any event, within 72 hours after death | Conditions, if ony, which gove (b)   | cinoma with metastases   | INTERVAL BETWEEN<br>ONSET AND DEATH                |
| Flaw releading Is been starther the E  | storing the underlying couse (c)   | THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  | 19 WAS AUTOPSY<br>PERFORMED?                       |
| PHYSICIAN: The law e haspital or attendin his certificate has bee stacked for use as the Dept. of Health prior the   | 200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) NA NA  20c. TIME OF INJURY Month, Day, Yeor Hour o.m. NA 10 While No.While NA. | . (Enter noture of injury in Port I or Port II of item 18)   | AE2 X NO .   |
| HYSICI<br>haspiti<br>is certif<br>ached  | OR CONTRIBUTING CICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  NA  NA  20c. TIME OF INJURY Month, Day, Yeor 20d INJURY OCCURRED 20e PLA  | ACE OF INJURY (Home, form,   20f (City or town) (Co  | ounty) (State)                                     |
| DING F<br>by the<br>After th<br>be del   | 21. I certify that the control of work at the deceased from 1  | ACE OF INJURY (Home, form, tory, street, office bldg., etc.)  NA  NA  APRIL , 1966 , ta 24 APRIL , 196   | 6 , that (we) last                                 |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar ta   | saw the deceased alive an 24 APRIL 1966, and the   | at death accurred at 7.00 &M, fram causes and an t   | the date stated above.<br>DATE SIGNED              |
| PITAL C<br>may by<br>ERAL DI<br>ir, page   | 22c. PHYSICIAN'S NAME (Type) JAMES I. SHUMAKER   | 22d. ADDRESS U.S. Naval Hospital Betheso   | la, Md.  |
| TO HOSPITAL<br>Page 4 may<br>TO FUNERAL I<br>director, pag<br>should be fill   | 230 BURIAL CREMATION, 23b DATE THEREOF 231. NAME OF CEMETERY OR APLINGTON Nat 24. FUNERAL DIRECTOR ADDRESS   |  |  |
| VR A15 (4)<br>20 M 1/66  | W.W. CHAMBERS. 1400 Chapin St. NW. Wash  |  | Can Judge  |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE\_OF DEATH death. funeral USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE Mary Land the 1 b. COUNTY Montgomery Montgomery hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rs. Pag write RURAL and give nearest town) Silver Spring. Silver Spring Ξ. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS filled e. IS RESIDENCE rbon papers, within 72 DN A FARM? Cross Hospital 400 Lamberton Drive NO K YES and completely f executed within 3. NAME OF DATE Month First Middle Last Day DECEASED HAUCK ALICE V. April 21. 1966 DEATH (Type or print) 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years | IFUNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Hours May 24, 1906 Female White WIDOWED DIVORCED F physician an please reval, and in 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT The law requires that the death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? England USA Housewife FATHER'S NAME 14. MDTHER'S MAIDEN NAME removal, attransit permit. Then Katherine H. White John H. White 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SDCIAL SECURITY NO. 17. INFORMANT Husband (Yes, no, or unknwn) | (If yes give war or dates of service) John J. Hauck-400 Lamberton Dr. Sil. Sp. Md. Νo Unknown CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). been signed by the the burial-transit or to burial, cremati INTERVAL BETWEEN 18. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. this certificate has WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health r CERTIFICATIO YES TE NO [ 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Dept. of detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME DF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) D FUNERAL DIRECTOR. After the director, page 3 should be de should be filed with the State is factory, street, office bidg., etc.) be de State Hour a.m. While Not While p.m. at work at work OR ATTENDING be retained by 19/2 7 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on and that death occurred at 455 AM, from the causes and on the date stated above. DATE SIGNED 22a. SIGNATURE 22b. ATTENDING PHYS. STAFF M.D. DIRECTOR PHYS. 4 may washington. 22d. ADDRESS PHYSICIAN'S director, p NAME (Type) Street. 1733 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THERED Parklawn Cemetery Rockville Maryland 4/25/1966 Burial ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Robert A. Pumphrey Bethesda, Maryland 1966 VR A15 (4) 15M 4-64



|   | 1               |   | 21 ドユ1m Gラ<br>Division of STATIS                              |                             |             |                    |   | HEALTH<br>(REET, BALTIMORE,   | MARYLAND 2                      | 1201                                   |
|---|-----------------|---|---|-----------------------------|-------------|--------------------|---|-------------------------------|---------------------------------|--|
| FOR STATE   |                 | 05546   |   | MED                         | ICAL E      | EXAMINER'S         | CERTIFICATE                                       | OF DEATH                      |                                 | 05545                                  |
| HEALTH DE   | 1               | PLACE OF DEATH<br>o COUNTY                            | Montgomery  |                             |             | MARY, AND          | 2 USUAL RESIDENCE<br>0 STATE Mary                 | E (Where deceased lived yland | b COUNTY 101                    | ence before admission)                 |
| y delay is<br>y ond 3 to<br>PM3 Page<br>ortment of<br>fter deoth  |                 | write RURAL and                                       | f outside corporate lim t<br>give nearest town)               | 5,                          | 1)          | TH OF STAY IN 16   |   | outside (orporote im ts       |                                 | ive nearest town)                      |
| Depo Office of the soft   | -               | SILV C  | ALOR INSTITUTION (IF TO COME ALORDIA)                         | of in hosp to, g            |             | address)           | d street address                                  | allett Stre                   | ockville<br>ct                  | e is residence<br>on a farm?<br>YES NO |
| Po with with 72   | 3               | NAME OF<br>DECEASED<br>(Type or print)                | Fi  | stoplier                    |             | Mddle<br>Brian     | lost<br>Hayes                                     | 4 DATE<br>OF<br>DEATH         | Month<br>April                  | Doy Year<br>17 1966                    |
| \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | 1               | sex<br>Sale   | 6 COLOR OR RACE White   | 7 MARRIED<br>WIDOWED        |             | VER MARRIED 🔀      | 8 DATE OF BIRTH                                   |                               | n years IF JND! urthday) Months | R 1 YEAR FUNDER 24 HRS Doys Hours Min  |
| erronn<br>erronn<br>ges lond 2<br>ony event   | 100             |   | (G ve kind of work done                                       |                             | ND OF BUS   | s NESS OR          |   | ote or foreign country)       | 12                              | CITIZEN OF WHAT COUNTRY?               |
| I within 24 in pencil . Exominers File pages and in ony   | 13.             | FATHER'S NAME  Daniel A                               | lfred Hayes   | S                           |             |                    | 14 MOTHER'S MAIDI                                 | en name<br>. M . Ixazxocaz    |                                 |  |
| xecuted viding" in Medical Exp  | 15<br>(Y        | WAS DECEASED EVE<br>es, no, or unknown)               | R IN U.S. ARMED FORCES?<br>(If yes give wor or dotes of       | of service)                 | SOCIAL SEC  |                    | INFORMANT   | yes, 4406                     | Address                         |  |
| This certificate should be executed within state, writing the ward pending" in pencil starwarded to the Chief Medical Examiner be used as a burial-transit permit file page in to burial, cremotion, or removal and in or |                 | 18. CAUSE OF DE<br>PART I DEAT                        | ATH (Enter only one cou<br>H WAS CAUSED BY<br>IMMED ATE CAUSE | ,                           | (o), (b), o | nd (c).)           |   | eumonitis                     |                                 | INTERVAL BETWEEN<br>ONSET AND DEATH    |
| should be e<br>ne ward per<br>o the Chief I<br>burial-tronsit<br>motion, or re  |                 | 763<br>Conditions, if ony,<br>rise to immediate       |   | 10 pro                      | babl        | e viral c          | rigin.  |                               |                                 |  |
| certificate should<br>writing the ward<br>inwarded to the C<br>used as a burial-tr<br>burial, cremotion,  |                 | stoting the under                                     |   | TO (c)                      |             |                    |   |                               |                                 |  |
| his certificate, writh a farward be used to burio   | ATION           | PART I OTHER SI                                       | GNIFICANT CONDITIONS C  | ONTRIBUTING T               | TO DEATH E  | BUT NOT RELATED TO | THE TERMINAL DISEASE                              | CONDITION GIVEN IN PA         | RT 1(0)                         | 19 WAS AUTOPSY PERFORMED? YES NO       |
| <u> </u>  | L CERTIFICATION | 200 EXTERNAL CA<br>PRIMARY ☐ or COI<br>CAUSE OF DEATH |   | 20b DE:                     | SCRIBE HO   | W INJRY OCCURRED   | (Enter nature of nury                             | in Port I or Port II of its   | em 18)                          |  |
| MIN<br>the<br>4 sh<br>ur fill<br>e 3 s  | MEDICAL         | 20c. TIME OF IN-C<br>Hour on<br>p.n                   | 1.6   | 20d 1N<br>While<br>at work  |             |                    | CE OF NJURY (Home, flory, street, office bldg , c |                               | r town) (                       | County) (State)                        |
| MED. AL EXA<br>pleose execute<br>director. Page<br>retained for you<br>I DIRECTOR: Poge<br>its designoted a   |                 | 21. I certify<br>death result                         | y that I took charge<br>ed fram: Nature                       | e of the rem<br>al causes 🛣 |             | · /—               | eld an Autopsy 🔀<br>ide 🔲, Homici                 | <u> </u>                      | nquiry X                        |  |
| pleose<br>pleose<br>of direct<br>retaine<br>its des   |                 | ACTUAL<br>SIGNATURE                                   | Selelen   | 10                          | 1 S         | af th              | ASSISTANT A                                       | CAL EXAMINER                  | 61                              | 22. DATE SIGNED                        |
| o DEPUTY MEDTAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your o Funeral Directors: Page Health or its designated age   |                 | EXAMINER'S<br>NAME (Type)                             | BELDEN  | KK                          | 1/1         | EARIN              | 1. D. Adonts (SI                                  | reel, city town, or count     |                                 | (18,1966                               |
| To L  |                 | BUR AL, CREMATIC<br>REMOVAL (Specify                  | 20 902  | 1 1966                      | Gate        | ame of cemptery or | 192   |                               | t Spring,                       | (County) (Stote)<br>Mary Land          |
| VR A15ME (5   | 1 20            | FUNERAL DIRECTO                                       | D. Walker   | 2.0 8                       | 434 6       | PRISECIA AU        |   | R 2 1 1966                    | 25h REGISTRARY                  | as Judge                               |



| 4 . | . 1  | M   | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND   |
|-----|--|---|--|
| ¥   | -: =c  |   | 05547 CERTIFICATE OF DEATH   |
|     | after death.   | death   | 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission   |
|     | ter of   | ter   | Montgomery MARYLAND MARYLAND D. COUNTY   |
|     | a aff  | 15 ag   | b. CITY OR FOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)   |
|     | no u   | , <u>a</u>  | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS (e. IS RESIDENCE.)  |
|     | 24 Lour  | n, or removal, and in any event, within 72 hours after  | 14/1'   C'', 11/1/1/1/20-1/1/1/ </th   |
|     | tely in  |   | 3. NAME DF First Middle Last 4. DATE Month Day Year  |
|     | r wit  | it,   | OF (Type or print) Clifton Ellis Haynes DEATH April 7 1966   |
|     | atec Con   |   | 5. SEX   6. COLOR OR RACE   7. MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HR  A   |
|     | exec   |   | Male Unite WIDOWED DIVORCED HIMIST 8 1900 65 vrs.  |
|     | be<br>ician  | 1 P   | during most of working life, even if retired) INDUSTRY   |
|     | cate   | 'al, a  | 13. FATHER'S NAME (14. MOTHER'S MAIDEN NAME)   |
|     | ing This   |   | Frank Haynes Grace Fairchild   |
|     | th ce  | 0 1   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)   |
|     | deat<br>le at  | tion,   | no 225-07-6626 Hospital Kecord   |
|     | The law requires that the death certificate be executed within or attending physician.  or attending physician, and completely seemed to be a signed by the attending physician and completely are the burners of the burners. | ema   | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  INTERVAL BETWEEN ONSET AND DEATH  2 04/5:  |
|     | that<br>siclar   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | Immediate Gause (a)  |
|     | phy<br>sig   | pari  | Conditions, If any, which \ (b) CORON ART \ OCCUPANTA OCCUPANTA  |
|     | ding<br>beer   | 1 t   | gave rise to immediate cause (a), stating the DUE TO ARPERIOSCLEROTIC WEART DISCASE 245ARS   |
|     | law<br>tten<br>has   | big   | underlying cause last. ) (c) HYPERTENSINE HEAPT DISEASE SYSTAMS.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPSY  |
|     | PHYSICIAN: The law requires that the hospital or attending physician, this certificate has been signed by  | earth a   | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  CHRONIC PYCLONENTS - RENAL INSUFFICIONCY YES NO CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO CONTRIBUTING CAUSE OF DEATH (INSUFFICION CONTRIBUTING COURSE) (Enter nature of injury in Part 1 or Part II of Item 18.)  OR CONTRIBUTING CAUSE OF DEATH (INSUFFICION CONTRIBUTING COURSE) (Enter nature of injury in Part 1 or Part II of Item 18.) |
|     | AN:<br>pital<br>prific   | of H  | 20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.)  GR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   |
|     | PHYSICIAN:<br>the hospital<br>this certifi   | ept.  |  |
|     | of the   | ate D   | 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)   |
|     | OR ATTENDING<br>be retained by<br>JIRECTOR: After  | e Sta   | 21. I certify that (I) (this hospital) attended the deceased from \( \sqrt{3} \sqrt{4} \), 1953, to \( \frac{40.214}{7} \), 1966, that (I) (we) last   |
|     | TTEN<br>Starn<br>TOR:  | th th   | saw the deceased alive on April 6 19 66, and that death occurred at 2 19 4, from the causes and on the date stated above   |
|     | DR A<br>be re  | n ≯<br>o o  | 22a. SIGNATURE  OCLUPY L. Fridancia M.D. ATTENDING MED. STAFF PHYS.   22b. DATE SIGNED   |
|     | TAL O  | e file  | 22c. PHYSICIAN'S   |
|     | HOSPITAL OR ATTENDING age 4 may be retained by FUNERAL DIRECTOR. After   |   | NAME (Type) ROBERT / L. KRICHMAR M) WAS HOLDIN DC 20012  |
|     | TO HOSPITAL D<br>Page 4 may to<br>TO FUNERAL DI  | arrector, page 3 should be detached not use as the burial permit, men plant, should be filed with the State Dept. of Health prior to burial, cremation, or removal, | 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  |
|     |  | M   | Burial   Apr. 8,1966   Hebrew Friendship   Baltimore Maryland   24. FUNERAL DIRECTOR   ADDRESS   PROGISTRAR'S SIGNATURE  |
|     | VR A15   | (4)   | Sol Levinson & Bros. 6010 Reisterstown Rd APR 1 2 1966 Icharles Judge  |
|     | 20M 1/   | 65  | 1000   |



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05548 CERTIFICATE OF DEATH executed within 24 haurs after death. and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY o STATE Rhode Island b. COUNTY Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) Bethesda"(Fural) 9 days Cranston d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 270 Montgomery Ave. U. S. Naval Hospital NO X NAME OF First Middle 4 DATE Last Doy DECEASED (Type or print) 19 66 HENRY April 20 Shirley Elaine DEATH 9 AGE (In years S SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF JNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED dost berthday) Manths Female Oct. 6, 1956 Cauc WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work dane TOB KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT PHYSICIAN: The law requires that the death certificate be. during mast at warking life, even if retired) INDUSTRY COUNTRY? USA Wickford, Rhode Island 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Geneva Marsh Charlton J. Henry signed by the attending hurial-transit permit. Th IS WAS DECEASED EVER IN L S ARMED FORCES? Cranston, Address R. I. 17 INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates af service) Mr. Charlton J. Henry, 270 Montgomery Ave./ 18 CAUSE OF DEATH (Enter only one couse period for (a) heart disease, tetralogy of fallot PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? ed for use of Health p TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us YES X NO T 200 ACCIDENT WAS UNDERLYING E 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) OR CONTR BUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or lown) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (County) (Stote) Haur o.m. Not While factory, street, office bldg . etc.) at work e deceased fram Apr. 11 , 1965 taApr11 20 , 19 60that (1) (we) lost 1966 , and that death occurred at 1245 M, from couses and on the date stated above 21. I certify that (4) (this hospital) attended the deceased fram Apr. 11 director, page 3 shauld should be filed with the April 20 sow the deceased olive an\_ 22a SIGNATURES 22b. DATE SIGNED STAFF PHYS. April 21,1966 M.D. 22c. PHYSICIAN'S 220 ADDRES Naval Hospital, Bethesda, Md. NAME (Type) J. I. Lynch, M. D. 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d LOCATION (City or Town) (County) (State) BACYAL Specify) Arlington National Cemetery Arlington, Virginia 4-23-66 25b. MEGISTRAR'S SIGNATURE REC D. BY REGISTRAR 24. RNERAL DIRECTOR Pumphrey Funeral Home **ADDRESS** VR A15 (4) 20 M 1/66 7557 Wisconsin Ave., Bethesda, Md.



| 1 1  | DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND   |
|--|--|
| [M]  | 05543 CERTIFICATE OF DEATH 05548   |
| 24 hours after death.  filled in by the funeral apers. Pages 1 and 2 apers.  72 hours after death.   | 1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY b. COUNTY  |
| after<br>the<br>ges 1  | b. CITY DR TOWN (If outside Cyrporate Ilmits, C. LENGTH DF STAY IN 1b write RURAL and give nearest town)  write RURAL and give nearest town)   |
| ours in by Page 100 P | akome Park Syeare Washington   |
| executed within 24 hours after in and completely filled in by the faremove carbon papers. Pages 1 in any event, within 72 hours after  | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS  G. IS RESIDENCE DN A FARM? YES NO D  |
| ithin<br>son p<br>withi  | 3. NAME DF First Middle Last 4. DATE Month Day Year  |
| omple<br>carl  | (Type or print) LVA. V. METH DEATH UDV. 29 1966  |
| executed within and completely remove carbon In any event, with  | WIDDWED DIVORCED May 19 1869 6 yrs. Hours Min.   |
| be e:<br>be e:<br>filtin a   | 10a. USUAL OCCUPATION (Give kind of workdone) 10b. KIND DF BUSINESS DR during most of working life, even if retired) Public Schools Richmond. Uc. CITIZEN DF WHAT CDUNTRY?   |
| a ( \$ 20°   | 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME   |
| ding   | Robert Heth Lucie Mason  15. WAS DECEASED EVER IN U.S. ARMED EDROES? 1.16. SOCIAL SECURITY NO. 17. INFORMANT Address 1.4.  |
| requires that the death certificate ding physician. The attending physician is not the burial transit permit. Then per to burial, cremation, or removals   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITYND. 17. INFORMANT (Yes, 180, or unknown) (If yes give war or dates of service) Katherne Duns combs 240 FT vapical Way Fla   |
| he de<br>y the<br>sit pe<br>matio  | 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).1  |
| tician.<br>Ician.<br>I-tran  | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Literactus to hard dia.  |
| ires l<br>phys<br>n sign<br>buria  | Conditions, if any, which gave rise to immediate (b) to congration fauther for the conditions of the congration for the congrat |
| redunding helps the lor to   | cause (a), stating the underlying cause last. (c)  |
| PAGSPITAL OR ATTENDING PRYSICIAN: The law requires that the death certifice Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 should be detached for use as the burial-transit permit. Then should be filled with the State Dept. of Health prior to burial, cremation, or remova  | PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUIDPSY PERFORMED?  YES NO X  2Da. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE DE DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |
| IAN: T<br>pital  <br>ertific<br>ed for<br>of He  | 2Da. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part   or Part   of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   |
| PRYSICIAN:<br>the hospita<br>this certifi<br>detached f  |  |
| NG PI<br>by th<br>fter 1<br>be de<br>State   | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.)  While at work at wor |
| OR ATTENDING<br>be retained by<br>IRECTOR. After<br>is 3 should be   | 21. I certify that (i) (this hospital) attended the deceased from 1965, to 7779, 1966, that (i) (we) last saw the deceased alive-on 1966, and that death occurred at 730%, from the causes and on the date stated above.   |
| OR AT<br>DIRECT<br>Se 3 s<br>ed with   | 22a. SIGNATURE ATTENDING MED. STAFF  |
| ITAL (may   RAL D  | 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS  |
| TO HOSPITAL Page 4 may 0 FUNERAL Bdirector, page should be fill  | 23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LDCATION (City, town or county) (State)  |
| 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5  | Cramation May 4,1966 Cedar Hill Crematory Birthand, Warsinia   |
| VR A15 (4)   | Joseph Gawler's Sons, Washington, DC 25a, REC'D BY REGISTRAR' 25b, REGISTRAR' 25b, REGISTRAR' 25b, REGISTRAR' 25b, REGISTRAR' 35b, REGISTRAR'  |
| 15M 4-64   | DATE   |

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|                  | -(M)                                      | n        | MICH I POLICE DI CALLETTE DE CALLETTE  | HEALTH  |
|------------------|---|----------|--|---|
| V                |   | T.       |  | STREET, BALTIMORE 1, MARYLAND   |
| 5                | EP BY                                     | _        | 05550 CERTIFICATE OF DEATH   | 0.540   |
| 10               | should<br>should                          | 1.       | PLACE OF DEATH  COUNTY  S. STATE  S. STATE   | /here deceased lived, if institution, Residence before admission)  b. COUNTY                  |
| Jour             | もいきが                                      | <u> </u> | Mod GAMEEN MARYLAND W. C.  |   |
| 7                | de de                                     | Ι.       | b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If dust write RURAL and give negres) town   | ide corporete limits, write RURAL end give neerest town)                                      |
| - 5              | in the second                             | 20       | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  d. STREET ADDRESS  | gloce T IS RESIDENCE  |
| 3                | S. Pag                                    | 1 3      | Red Bolt Wales Haven Rest Home 6708-4th  | STEEF THU YES NO IT   |
| Per              | 2 hours.                                  | 3.       | NAME OF First Middle Last 4. I   | DATE Month Dev Yeer   |
| XeCL             | In Paris                                  |          | (Type or print) WILBUR HILLEBRAND  | DEATH april 24 1966   |
| -                | with the                                  | 5        | SEX 6. COLOR OR BACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH   | 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.   last birthday)   Months Days Hours   Min. |
| T <sub>2</sub> ) | E out                                     | 1        | Male White widowed Divorced april 9, 1894  | 72,yn.  |
| 3                | Sicial<br>move<br>move                    |          | e during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 11 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 11 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 11 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 11 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 11 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 11 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 11 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 11 BIRTO AND SOUTH STATES OR INDUSTRY 11 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 11 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 11 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 11 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 11 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 11 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 11 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 11 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 11 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 11 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 11 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 12 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 12 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 12 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 12 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 12 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 12 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 12 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 12 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 12 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 12 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 12 BIRTO AND SOUTH STATES OR INDUSTRY 12 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 12 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 12 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 12 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 12 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 12 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 12 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 12 BIRTO AND SOUTH STATES OF BUSINESS OR INDUSTRY 12 BIRTO AND SOUTH STATES OF BUSINESS | tale for foreign country?   |
| 8                | phy and                                   | 1/2      | FATHER'S NAME  | Ment york USH   |
| eath             | F 8 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | -        | Frank, Heldelmand Elinhot  | - Food  |
| ŢŎ               | tend<br>an p                              | 15       | WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO 17 INFORMANT  | Address   |
|                  | The at                                    | $T_{m}$  | 19, no. of unkown] (Styesgive wer or dates of service) 578:07.515 Valletia Hilds   | ebrand Same as#Z  |
| s th             | が無いなる                                     | 15=      | 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]  | INTERVAL BETWEEN ONSET AND DEATH  |
| quire            | B 6 . 183                                 |          | PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0)  Ce reliant Viascular Coc   | edust 24 hrs.   |
| 0 G              | ansi ation and                            |          | 331X DUETO (2. +2-1/2)   | C 1 ATIMO 3   |
| y lay            | 198 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |          | conditions, if eny, which appropriate to immediate course (b) arecretockerson, grant   | 0.  |
| T after          | as burners is                             |          | (a), stating the underlying DUE TO ceuse last.   |   |
| A PER PO         | 古世型 ない                                    | No.      | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D  | ISEASE CONDITION GIVEN IN PART TO 19. WAS AUTOPSY   |
| ICI              | in to se as                               | 1<br>E   |  | PERFORMED? YES NO   |
| TKS<br>oh        | S P S S                                   | CERTIFIC | 208. ACCIDENT WAS UNDERLYING D 206 DESCRIBE HOW INJURY OCCURED. [Enter nature of in ury in Pert I OR CONTRIBUTING CAUSE OF DEATH   | or Perf II of tem 18 )  |
| En >             | 年の音楽                                      | 1 -      | (IF EITHER, NOTIFY MEDICAL EXAMINER)   |   |
| PING<br>Pd Pd    | A THE BE                                  | MEDICAL  | 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20d. INJURY OCCURRED 20e. PLACE OCCURRED 20e. PLA | Of. (City or town) (County) (State)   |
| ENT              | Hotel Park                                | ¥        | p.m. 19 et work   et work    21   certify that (I) (this hospital) attended the deceased from 1965   | to (Aftre? +, 1966, that (1) (we) last  |
| ATT              | DE DE S                                   |          | 21. I certify that (I) (this hospital) attended the deceased from  |   |
| 7                | State State                               |          | 226. SIGNATURE 7 / / / / / / ATTENDING MED.  | STAFF 22b. DATE   |
| 74               | 1000                                      |          | theye At, Larner, MD. PHYS. D DIRECT   |   |
| PIT              | ERAL<br>With T                            |          | 22c. PHYSICIAN'S NAME (Type) PHILLIP 14. VARNER 10635 You  | sie aux. Ultrata 3 de   |
| O '              | FUNER actor, page filled with             | 102      | BURIAL CREMATION   230 DATE THEREOF   23c, NAME OF CEMETERY OR CREMATORY   23  | The reserve interest  |
| 2 T              | Soil S                                    | 1."      | REMOVAL GOVERN April 30, 1966 For Renigh Counties (  | Tolman maner: Mil.  |
| Ĥ                | VR A15 (4)                                | 24       | FUNERAL DIRECTOR'S SIGNATURE - CADDRESS ALL ST 71 W 250 REC'D BY   | REGISTRAR 256. REGISTRAR'S SIGNATURE  |
|                  | ISM 7-62                                  | 1        | teremer wallers washington so e offe ?   | 7 1966 feliantes Judge  |



| 12/ 1  |                 |   | PARTMENT OF HEALTH  |  |
|--|-----------------|---|---|--|
|  |                 | Division of STATISTICAL RESEARCH AND RECORDS, 30 Items 13.14 Film G3.26   | 1 W. PRESION STREET, BALTIMORE, MARYLAND 212 5/5/66 mh  | _  |
| FOIL TLATE   |                 | 05551 Items Medical Examiner's  | CERTIFICATE OF DEATH  | 05550                                    |
| HEALTH DRATE.  | 1               | PLACE OF DEATH  o. COUNTY  Montgomery  MARYLAND   | 2 USUAL RESIDENCE (Where deceosed lived, if institution Resident of STATE by COUNTY, Maryland Frontgom  | ce before admission)                     |
| y delay is<br>mand 3 to<br>PM3. Page<br>ortment of<br>frer death   |                 | b CTY OR TOWN (If outside corporate imits, c LENGTH OF STAY IN 3b write RURAL and give nearest town)  | c C TY OR TOWN (if outside corporate in its write RURAL and give  | neorest town)                            |
| Program outn   |                 | Silver Spring 5 Hours   | Silver Spring, Maryland   | 11-1                                     |
| oath If any delay oges 1, 2, and 3 ith form PM3. Po State Department 2 hours ofter deal  |                 | d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address)  IIoly Cross Hospital   | d STREET ADDRESS 11632 Lockwood Drive   | e is residence<br>On a farm?<br>Yes No 🔼 |
| 0 = S  | 3.              | NAME OF Surve Genetite (Type or print)  NAME OF Surve Genetite (Type or print)  | ost 4. DATE Month OF UP | Doy Year<br>15 1966                      |
| 18. Give<br>18. Give<br>dong v<br>w th the   | 5               |   | B DATE OF BIRTH  10/20/1938 9 AGE (In years lost b rthday)  Months  | YEAR FUNDER 24 HRS. Doys Hours Min       |
| d within 24 hours<br>in pencil in Item 18<br>Examiner's Office<br>File pages Ion 2<br>and in afty event  | 10c<br>dur      | D USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)  D 106 XIND OF BUSINESS OR INDUSTRY  O 110 Merit Home | 11. BIRTHPLACE (State or foreign country) 12 CIT  | IZEN OF WHAT                             |
| ndi n<br>niner<br>niner<br>nin a   | 13              | FATHER S NAME   | 14 MOTHER'S MAIDEN NAME   |  |
| d with in pen Exam Exam File p and i   | L               | Withphip Ed Hollis  | Typpet Susie Sims   |  |
| ecuted<br>ing" in<br>edical E<br>ermit. F  | (34             | es, no, or unknown) (If yes give wor or dotes of service) Ves Wa  | Her Hilderbrand 5:1632 Leckwin  | od Drive                                 |
| INER: This certificate should be executed within 24 hours e certificate, writing the word "pending" in pencil in Hem 1should be forwarded to the Chief Medical Examiner's Office files.  3 should be used as o bur of-transit permit, File pages 1 and 2 and, prior to burial, cremation, or removal, and in any event   |                 | DUE TO COST TO 111  | ound of Abdominal.  | INTERVAL BETWEEN                         |
| certificate should is<br>writing the word<br>prwarded to the Ch<br>used as a bur of-tro<br>burial, cremation, c  |                 | Conditions, fony, which gave tise to immediate couse (o), stoting the underlying couse (of the country of the underlying couse (c)          | ONLY OF THE PROPERTY OF   | 3171                                     |
| his certificate, writing of the forward of the used of the burial of the | ATION           | PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO   | THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)   | 19 WAS AUTOPSY PERFORMED? YES NO         |
| 돌고 필요  | L CERTIFICATION | CAUSE OF DEATH Shot-Self-c  |   |  |
| AAM<br>e th<br>our<br>our<br>oge   | MED CAL         | 8. 3 pm 4/14 1966 While Not While of work of work   | dorne Silver Spring .   | Mont - Md.                               |
| 7 9 4 9 4 5  |                 | 21. I certify that I took charge of the remains described above, he   |   | and in my opinia                         |
| ttor.  |                 | deoth resulted from: Natural causes , Accident , Suic   | Ide , Hamicide , Undetermined manner  |  |
| MESTAL EX<br>please execution<br>of director. Page<br>retoined for you<br>L DIRECTOR: Po-<br>its designoted  |                 | SIGNATURE John 15- Ball -   | MD ASSISTANT MEDICAL EXAMINER   | 22. DATE SIGNED                          |
| TO DEPUTY MESTAL B<br>necessory, please exect<br>the funerol director. Po<br>5 may be retained for<br>TO FUNERAL DIRECTOR:<br>Health or its designate  |                 | EXAMINER'S<br>NAME (Type)   | DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)   | 6 ,                                      |
| TO DO TO FILE  | 230             | BURAL (REMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR REMOVAL Specify) 9 April 1966 Parklawn Ceme                                       |   | (County) (State)                         |
| VR ATSME (5)   | 1.              |   | regue 22 PR 2 2 1966 25 Cherke  | GNATURE                                  |

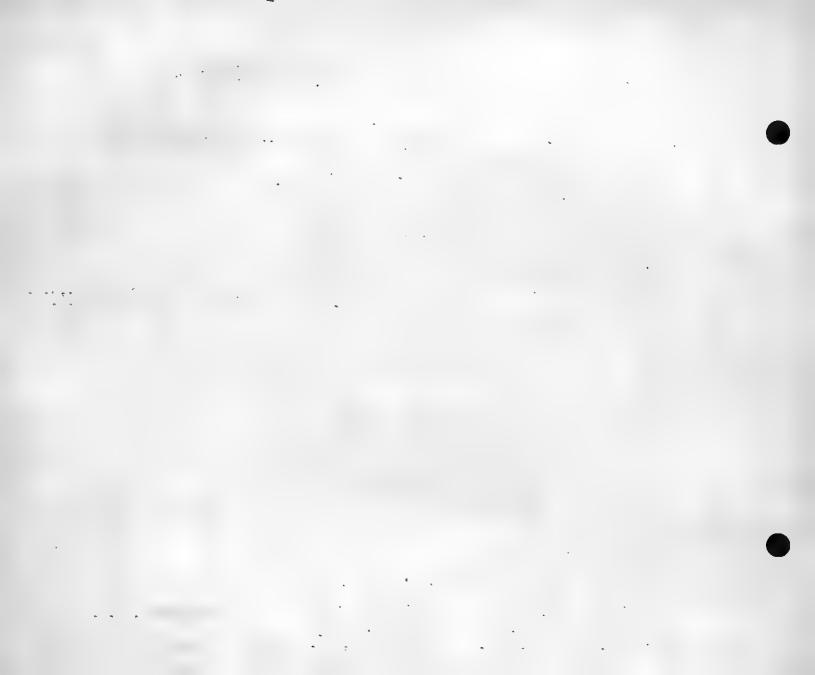


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death, gead PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. CDIINTY # # b. COUNTY Montgomery Maryland Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b filled in by papers. Page in 72 hours a write RURAL and give nearest town) Silver Spring Silver Spring uear d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE DN A FARM? d. STREET ADDRESS 9039 Slige Creek Parkway 9039 Sligo Creek NO V YES | DOC Year NAME DE Day 3. Middle DECEASED ÖF William Knot (Type or print) DEATH car 19 66 6. COLOR OR RACE | 7. MARRIED AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last Dirthday) | Months | Days | Hours | Min. SEX DATE OF BIRTH NEVER MARRIED X геточе any Nov. 6. 1929 Male WIDOWEO -DIVORCEO [ 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND DF BUSINESS OR lease and in during most of working life, even if retired) INDUSTRY The law requires that the death certificate be Dist. telegraph Reading. Penna. Jalesman E Sylva ᆲ removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending phermit. Then Joseph Knot Anna Shusko 17. INFORMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) ((If yes give war or dates of service) 501. Gibson & Sanders the in signed by the burial-transit p burial, cremati INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which peen gave rise to Immediate 다 라 DUE TO cause (a), stating the underlying cause last. 198 SP WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health use PERFORMED? certificate YES NO F 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Pert I or Part II of Item 18.) detached for the Dept. of F (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Oay, Year factory, street, office bldg., etc.) Hour a.m. Not While While p.m. at work at work 21. I certify that (!) (this hospital) attended the deceased from shoule DIRETTOR: and that death occurred at \$1.2 M. from the causes and on the date stated above saw the deceased alive on a DATE/SIGNED 22b. 22a. SIGNATURE ATTENDING PHYS. page DIRECTOR PHYS. M.D. HOSPITAL 22c. PHYSICIAN'S NAME (Type) 22d. AODRESS O FUNERAL director, p BURIAL, CREMATION, REMOVAL (Specify) LOCATION (City, town or county) (State) NAME OF CEMETERY OR CREMATORY 23d. DATE THEREOF 23c. 23a. 25a. REC'D BY REGISTRAR 25b Georgia Avenue 1968 Inc. VR A15 (4) Silver Spring. 20M 1/65



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2, death. 24 hours after death. PLACE DE OFATH 2. USUAL RESIDENCE (Where deceased lived, 1f Institution: Residence before admission) Z. COUNTY COUNTY completely filled in by the ive carbon papers. Pages 1 event, within 72 hours after b. CITY OR TOWN (If outside corporate limits,
i write RURAL and give nearest town) MARYLANO c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest typn) C. LENCTH OF STAY IN 1b days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ichmond ON A FARM? NO Z YES executed within NAME OF MOTORY DATE Last 4. Month Oav DECEASED (Type or print) DEATH 19 66 d SEX 6. COLOR OR RACE and con remove DATE OF BIRTH ACE fin years IF UNDER 1 YEAR IF UNDER 24 HRS
Last birthday) Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED DIVORCEO 🔀 WIDOWED attending physician a ermit. Then please re on, or removal, and in Ξ 10a. USUAL OCCUPATION (Cive kind of work done ! 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT (County & State, or foreign country) The law requires that the death certificate be during most of working life, even if retired) **DUSTRY** COUNTRY? A. Own Home FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? burial-transit permit. 16. SOCIAL SECURITY NO. INFORMAN 17. (Yes, no, or unkown) (If yes give war of dates of service) rington CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) **DUE TO** Cenditions, If any, which (b) gave rise to immediate has been as the l **DUE TO** cause (a), stating the underlying cause last. (c) certificate hather the standard for use standard to the standa CERTIFICATION PART U. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO 🔀 alelly gardenous YES | PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) r this certification detached for the Dept. of 1 MEDICAL TIME OF INJURY Month, Cay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work While O FUNERAL DIRECTOR: After director, page 3 should be calculated with the State NOSPITAL OR ATTENDING Page 4 may be retained by at work p.m. 21. I certify that (i) (this hospital) attended the deceased from that (I) (we) last and that death occurred at Alexand, from the causes and on the date stated above. saw the deceased alive DATE SIGNED 22a. SICNATURE 22b. ATTENDING PHYS. MEO. DIRECTOR M.O. PHYS PHYSICIAN'S ADDRESS 22c. 22d. NAME (Type) 23b. DATE THEREOF NAME OF CEMETERY DR CREMATORY State) BURIAL, CREMATION, 23c. LOCATION (City, town or county) REMOVAL (Soecify) Rock Creek Cemetery 1966 Burial Washington. REGISTRAR'S SICNATURE FUNERAL DISECTOR 8434 Georgia Ave REC'D BY REGISTRAR 25b. VR AI5 (4) Silver Spring 2DM 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY **B. STATE** Pages 1 irs after Montgomery
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) New York MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. Page papers. Page in 72 hours a 2 davs Bethesda Bronx d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? The Clinical Center, Bethesda, Md. 20014 NO X 1500 Theriot executed withIn remove carbon NAME OF DATE First Middle Last Month Day DECEASED Sadie None ) Horwitz April 1966 (Type or print) DEATH 20 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Oays | Hours | Min. WIOOWED X DIVORCED January 1900 Female White 66 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT attending physician rmit. Then please r 11. BIRTHPLACE (County & State, or foreign country) lease/ and fin COUNTRY? requires that the death certificate be USA New York Homemaker None 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova Leon Statman Fanny Wiesen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record been signed by the atten the burial-transit permit. or to burial, cremation, or (Yes, no, or unknwn) | (If yes give war or dates of service) Unascertainable The Clinical Center. Bethesda. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. Probable Bacterial Septicemia Dovs **OUE TO** Left Pleural Empvema 2 Days Conditions, If any, which gave rise to Immediate **DUE TO** cause (a), stating the Metastatic Preast Carcinoma 4 Years underlying cause last. has as WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) r this certificate by detached for use to Dept. of Health PERFORMEO? YES X NO F PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While After While at work at work 19.66 to April 20, 19.66, that #0 (we) last director, page 3 should should be filed with the 21. I certify that ON (this hospital) attended the deceased from April and that death occurred at 30M, from the causes and on the date stated above. saw the deceased alive on April 20 1966 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. page 20 April 1966 PHYSICIAN'S Clinical Center National director, p should be NAME (Type) albert R. Casala Institutes of Health, Bethesda, Md. 20014 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF BURIAL, CREMATION, REMOVAL (Specify) Mt. Lebanon Cemeterv New York. New York rial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR Wash., N.W. VR AL5 (4) 20M 1/65

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| 1 | 1  | DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  |
|---|--|---|
|   | M mad  | 05555 CERTIFICATE OF DEATH  |
|   | 24 hours after death, filled in by the funeral sapers. Pages 1 and 2 in 72 hours after death   | 1. PLACE DF DEATH a. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)   |
|   | e fu   | Montgomery Maryland E. STATE b. COUNTY Montgomery   |
|   | afte   | b. CITY DR TDWN (if outside corporate limits.   c. LENGTH DF STAY IN 1b   c. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)  |
|   | urs<br>Par<br>ours   | write RURAL and give nearest town)  Clney, la days Damascus   |
|   | holes in the second sec | d. NAME OF HDSPITAL DR INSTITUTION (if not in hospital, give street address)   d. STREET ADDRESS   e. IS RESIDENCE  |
|   | n 24 hours after death, y filled in by the funeral papers. Pages 1 and 2 in 72 hours after death   | Montgomery General Hospital 26019 Mt. Vernon Ave. ON A FARM?  YES □ ND [X]  |
|   | executed within and completely remove carbon p n any event, within   | 3. NAME DF First Middle Last 4. DATE Month Day Year DF DF   |
|   | ्र वृद्धि ।  | (Type or print) Cora May Howes DEATH April 6 1966   |
|   | # 5 %  | 5. SEX 6. CDLDR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 FUNDER 24 HRS.   |
|   | xec<br>and<br>emo<br>any   | remale   White   Widdwed   A Olvorced   May I 1090   75 vrs.  |
|   | The law requires that the death certificate be execu or attending physician.  Sate has been signed by the attending physician and or use as the burial transit permit. Then please remove alth prior to burial, cremation, or removal, and in any  | 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND DF BUSINESS DR II. BIRTHPLACE (County & State, or fereign country)   12. CITIZEN DF WHAT COUNTRY?  10b. W110  11c. BIRTHPLACE (County & State, or fereign country)   12. CITIZEN DF WHAT COUNTRY?  10b. KIND DF BUSINESS DR INDUSTRY & State, or fereign country)   12. CITIZEN DF WHAT COUNTRY?                           |
|   | physical phy | 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME  |
|   | rtifi<br>Ther<br>mov   | Charles T. Hawkins Julia Pope   |
|   | r re   | 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)   |
|   | atte   | No No (Tryes give war or cates of service) 2111-46-6242 Medical Records, Olney, Md.   |
|   | the tree atio  | 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), end (c).]  INTERVAL BETWEEN ONSET AND DEATH   |
|   | m.<br>m.<br>by<br>ansil  | PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Cardie-Vascular-Renal Disease with Cardiac  ONSET AND DEATH   |
|   | i law requires that tatending physician. I has been signed been signed been signed been so as the burial-tran in prior to burial, ore  | DUE TD Decompensation and Uremia. 10 years  |
|   | sig<br>sig<br>suri   | Cenditions, If any, which (b)   |
|   | ng ng he to to to  | gave rise to immediate cause (a), stating the DUE TD  |
|   | w re<br>endi   | underlying cause last. (c)  |
|   |  | PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?   |
|   |  | Terminal Bronchopneumonia   |
|   | ospi<br>ospi<br>cerl<br>hed<br>t. of   | PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  Terminal Bronchopneumonia  20a. ACCIDENT WAS UNDERLYING   DR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  2DD. DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)  19. WAS AUTOPSY PERFORMED?  YES   ND |
|   | HYS<br>the h<br>this<br>letac<br>Dep   | 20c. TIME DF INJURY Month, Day, Year   20d. INJURY OCCURRED   2De. PLACE DF INJURY (Home, farm,   20f. (City or town) (County) (State)  |
|   | NG P<br>by t<br>ffer<br>be d<br>state  | p.m. 19 at work at work   |
|   | retained by CTOR: After Should be With the Stafe   | 21. I certify that (I) **this doesnite!) attended the deceased from 1111y 10 19 19 19 19 April 5, 1966, that (I) (NO) last saw the deceased alive on April 5, 1966, and that death pocured at 2 12 M. from the causes and on the date stated above.   |
|   | ATT<br>reta<br>CCTO<br>CCTO  | saw the deceased alive on APT11 3, 1969, and that death occurred at 2 1 4M, from the causes and on the date stated above.   |
|   | L OR ATTENDIN  19 be retained the DIRECTOR. Aff 20 as should be sage 3 should be sage 3 should be sage 3 should be sage 4.   | M.D. ATTENDING MED. STAFF PHYS. April 6, 1966   |
|   | TO HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR. After director, page 3 should be should be filed with the State  | 22c. PHYSICIAN'S M. McKendree Beyer, M. D. 22d. ADDRESS 9701 Church Street  N.M. Boyer  Damascus, Md.   |
|   | Page Page O FUNI   | 23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME DF CEMETERY DR CREMATDRY 23d. LOCATION (City, town or county) (State)  |
|   | 1 1  | REMOVAL (Specify) Burial  1-8-66 Laytonsville Laytonsville, Md.  24. FUNERAL DIRECTOR  ADDRESS 1250. REGISTRAR   25b. REGISTRAR'S SIGNATURE   |
|   | . 0  | Francis II Rawhay I arthurst 17 a Md.   |
|   | VR AI5 (4)<br>20M 1/65   | Francis H. Barber Laytonsville, Md. DAPR 1 1 1966 Scharles Judge  |
|   | ., 4   | \$1.1.1.1   |

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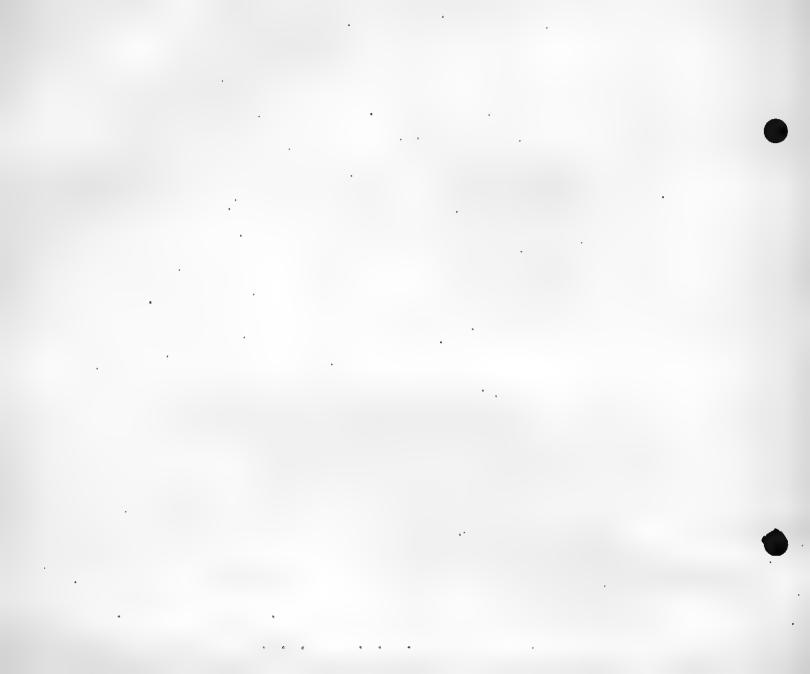
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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR S 05557 **EXAMINER'S CERTIFICATE OF DEATH** MEDICAL HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)

b. COUNTY -MARYLAND funera State Department hours after death. b. CITY OR JOWN (if outside corporate limits, write RURAL and give nearest (pwn) TOWN (If sutside corporate limits, write RURAL and give nea sat fown) C. LENGTH OF STAY IN 1b c. CITY OR TAN KE nia d. NAME OF HOSPITAL OR INSTL UTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES \*XAMINER: This certificate should be executed within 24 hours after death. If any delay are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Pa NAME OF DATE OF DEATH Middle Month Day Lest 4. the 72 DECEASED (Type or print) 19 DATE OF BIRTH IF UNDER 24 HRS AGE (in years (b)rthday) 7. MARRIED NEVER MARRIED Months Hours WIDOWED 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10b. 11. BIRTHPLACE (State or foreign country) NDUSTRY pages I in any FATHER'S NAME MOTHER'S MAIDEN NAME File 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, nb, og unkown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. Address INFORMANT permit. I CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) a burial-transit DUE TO Conditions, if any, which geve rise to immediate DUE TO ceuse (e), stating the 60 used as a to burial, underlying cause lest. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 19. CERTIFICATION PERFORMED? YES [ NO 3 should be agent, prior 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part | of Itam 18.) CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ) 2Df. (City or town) (County) (State) fectory, street, office bldg., etc.) Hour e.m. While Not While CTOR: Page designated at work 19 at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and In my opinion files. FUNERAL DIRECTOR: I Health or its design Undetermined manner death resulted from: Natural causes Accident Suicide Homicide please execute a director. Page 4 s retained for your CHIEF MEDICAL EXAMINER for your **ACTUAL** DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S city, town, or county) NAME (Type) 230. BURIAL CREMATION, BUREMOVAL (Specify) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) DATE THEREO 23b. 0,0 4/19/66 Arlington Nat. Myer, Cem. Ft. 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Lee Funeral Home 300-4th St. N.E. Wash. VR ALSME (5) 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. and deat 1. PLAGE DF DEATH USUAL RESIDENCE (Where deceased lived, 1f institution; Residence before admission) a. GDIINTY 0 TGOME MARYLANO b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pagain 72 hours write RURAL and give nearest town) filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET 8. IS RESIDENCE ON A FARM? NO T withi <u>~</u> NAME DE Middle DATE Month Last 4. Day Year DEGEASED ᇥ DF DEATH event, (Type or print) law requires that the death certificate be executed 6. CDLOR DR RACE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS emove 7. MARRIED X NEVER MARRIEO last birthday) Months Days Hours and WIDOWED DIVORCED Ξ 10a. USUAL DCGUPATION (Give kind of work done i 10b. KIND OF BUSINESS DR BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT physician ease INDUSTRY during most of working life, even if retired) COUNTRY? FATHER'S NAME MDTHER'S MAJOEN NAME moval, attending partition of the standard sta 15. WAS DEGEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. INFORMANT Address (Yes, no, or unknwn) | (If yes give war or dates of service) d by the at transit perm cremation 18. GAUSE OF DEATH [ Enter only one cause per DNSET AND DEATH I-transi PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) attending physician. signed | burial-t burial, DUE TD Conditions. If any, which peen gave rise to Immediate the T DHE TO cause (a), stating the as th prior underlying cause last. (C) PART IÍ. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY or use Health PERFORMED? certificate ND Z YES 208. ACCIDENT WAS UNDERLYING TO OR GONTRIBUTING TO GAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESGRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) r this cert detached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While 19 at work at work TO 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the Am, from the causes and on the date stated above. saw the deceased alive on C and that death pocurred at2. 22a. SIGNATURE DATE SIGNED ATTENDING MED. STAFF DIRECTOR PHYS. PHYS. HOSPITAL FUNERAL PHYSICIAN'S 22c. 22d. ADDRES: director, p (State) BURIAL, CREMATION. GEMETERY OR CREMATORY LDCATION (City, town or county) REMOVAL (Specify) REC'D BY REGISTRAR FUNERAL DIRECTOR GARVE SILVER SPRING ME VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05559CERTIFICATE OF DEATH funeral and 2 death, 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Maryland Montgomery MARYLANO CITY OR TOWN (.f outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) filled In Party Port of hours a hours Baltimore Bethesda. Days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADORESS e. IS RESIDENCE ON A FARM? 를 The Clinical Center, Bethesda, Maryland 8721 Jenifer Road YES No X completely we carbon p executed within 3. NAME OF Middle Last DATE Month Day Year DECEASED (Type or print) DEATH 19 66 Herbert Jelliman Douglas April 5. SEX 6. COLOR OR RACE OATE OF BIRTH 9. AGE (In years | IF UNCER 1 YEAR | IF UNCER 24 HR\$ 7. MARRIED NEVER MARRIED last birthday) | Months | Hours Days remo Male White MICOMED X DIVORCED [ February 1893 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? certificate be Unknown USA Machinist England attending phys ermit. Then ple n. or removal, a 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME Herbert C. Jelliman Edith Roberts 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. IMFORMANT The Medical Records signed by the attend burial-transit permit. burial, cremation, or re (Yes no or unkown) (If yes give war or dates of service) death W.W.1 The Clinical Center, Bethesda, Maryland Yes Not Available 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Possible aspiration, gastric contents be retained by the hospital or attending physician. hour burial-ti burial, (b) Pneumonia - Tuberculosis to be ruled out 5 days Conditions, if any, which gave rise to immediate **OUE TO** r this certificate has been detached for use as the steep to General prior to cause (a), stating the 1 month Cachexia underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMEO? Manic-depressive psychosis, depressive phase YES X NO 20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL (State) 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be defilled with the State Hour a.m. Not While at work at work 21. I certify that (A) (this hospital) attended the deceased from 9 February 1966, to 3 April . 19<u>66</u> that 10 (we) last 19 66, and that death occurred at 9:25M, from the causes and on the date stated above. April saw the deceased alive on. 22b. OATE SIGNEO 22a. SIGNATURE/ page ATTENOING PHYS. (水 5 April 1966 DIRECTOR PHYS. M.D. Page 4 may FUNERAL PHYSICIAN'S AOORESST'ne Clinical Center, National director, p should be f NAME (Type) John M. Davis, M.D. Institutes of Health. Bethesda DATE THEREOF 23c. NAME OF CEMETERY OR CREMAJORY (State) BURIAL, CREMATION, REMOVAL (Specify) 23b. PICO BY REGISTRAR | 25b. MOORESS FUNERAL OUR ECTOR



| 1 1  |               | MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M   | AND AND                                     |
|--|---------------|--|---|
| £ 50 £   |               | 05550 CERTIFICATE OF DEATH   | 07165                                       |
| hours after death.  d in by the funeral  rrs. Pages 1 and 2  rrs. Pages 2 and 2  hours after-death.                                      | 1.            | PLACE DF DEATH  2. USUAL RESIDENCE (Where deceased lived, If institution: F. COUNTY 10.00 COUNTY | Residence before admission)                 |
| the fu   | Y_            | MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND   | ) ont gomery                                |
| rs after<br>by the<br>Pages 1<br>urs after   | 1             | b. CITY DR TDWN (if outside corporate limits) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)   | and give hearest town                       |
| d in 2 hour  | - -           | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  4. STREET ADDRESS  4. STREET ADDRESS   | e, IS RESIDENCE                             |
| fille pape   | U             | 1 ASHSANITARIUM+ HOSpital 610 Mississippi AVE  | ON A FARM?                                  |
| uted within completely ve carbon pevent, within  | 3.            | NAME DF First Middle Last 4 DATE Month DF CEASED   | Day Year                                    |
| ed w<br>omply<br>car<br>vent,  |               | (type of print) CESTIA 7. DEATH FOR I  | 19 66<br>1 YEAR HEUNDER 24 HRS.             |
| executed within an and completely e remove carbon in any event, with   |               | MARKIED NEVER MARKIED   NEVER MARKIED   State birthday)   Months   | Days Hours Min.                             |
| a a a i a a i a  | 10a           | USUAL OCCUPATION (Give kind of work done   10b. KMD OF RUSINESS DR   11 RIETHEL AFF (County & State or foreign country)   12. C  | ITIZEN OF WHAT                              |
|  |               | et. Mishight Cook   Neckt Co.       ary and  | USA.  |
| ifica<br>g ph  | 13.           | FATHER'S NAME  | ٨   |
| rent Trem  | 15            | WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT John H. Johnson Address I. M.   |   |
| ires that the death certificate physician. signed by the attending phys burial-transit permit. Then ple burial, cremation, or removal, a | (Ye           | No None 213-12-1697  | Md.   |
| a ++. 75   |               | 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  | INTERVAL BETWEEN                            |
| tat the cian, sian, sed by transfer  |               | PART I. DEATH WAS CAUSED BY: Cloute caronary artery was flacering  | 1 Roma                                      |
| requires that the ding physician. Been signed by the burial-transit or to burial, cremat   |               | Conditions, If any, which ) DUE TO (Courte Confirmed Throwbase)  | 20 hours                                    |
| ing preen een to b   |               | gave rise to Immediate cause (a), stating the  | 1 1   |
|  | z             | underlying cause last. (c) Coronago anteriorderoses  | Untraver                                    |
| CIAN: The law sopital or atten certificate has ned for use as ned for the latten price.  | CERTIFICATION | PARTIL DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   | PERFORMED?                                  |
| Mr. T<br>tral c<br>for<br>for<br>THe:  | TFIG          | 20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18  | YES NO L                                    |
| PHYSICIAN:<br>the hospital<br>this certific<br>detached for<br>Bept. of H  |               | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |   |
| he this eta  | MEDICAL       | 2Dc. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20e. PLACE DF INJURY (Home, farm, Hour a.m.   While   Not While   factory, street, office bidg., etc.)   | unty) (State)                               |
| of by t<br>After<br>d be d<br>s State  | ME            | p.m. 19   at work  | C Abot (I) (up) foot                        |
| ATTENDIN<br>retained b<br>crook. Att   |               | 21. I certify that (I) (this hospital) attended the deceased from Kour & , 1948, to Grand 29, 1966, and that death occurred at 65 2M, from the causes and on t   | 6, that (I) (we) last he date stated above. |
| OR ATTI<br>De reta<br>DIRECTO  |               | 22a. SIGNATURE //  | ATE SIGNED                                  |
| TAL OR may be MAL DIR  |               | 220 PHYSICIAN'S M.D. PHYS. DIRECTOR PHYS. CLASS  | 29 1966                                     |
| E 2 3 2 2  |               | NAME (Type) Haron H. Traum 8231 Georgia ave Selver Sprin   | up may land                                 |
| Page O FUN direct should   | 23a           | REMOVAL (Specify)  | (State)                                     |
|  | 54<br>24      | FUNERAL DIRECTOR? ADDRESS 125a. REC'D BY REGISTRAR 25b. REGISTRAR  | ryland                                      |
| VR A15 (4)   | -(1)          | arrer E. Pumphrey, Inc. Silver Spring, Md. DATE MAY 10 1966 John   | Mes Juage                                   |
| 20M 1/65   | 1-44          |  |   |



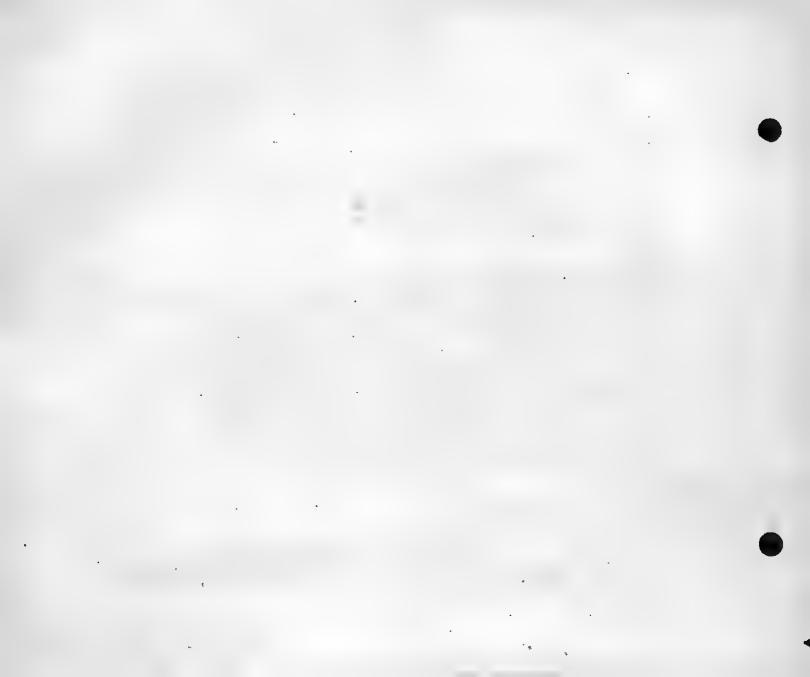
| 1 (1)  | It<br>        |  | 6/3MARYLAND STATE DEL   | PARTMENT OF HEALTH<br>I W. PRESTON STREET, BALTIMORE, MARYLAND :                          | 21201  |
|--|---------------|--|---|---|--|
| FOR STANE  |               |  |   | CERTIFICATE OF DEATH  | 05559  |
| HEALTH DEPT.  Poge and of Figure 1.3 to Poge and of Po |               | PLACE OF DEATH ONTOMIE   | ≪ √ MARYLAND  | 2 USUAL RESIDENCE (Where deceosed lived if institution Residence of STATE                 | A. 11:1                                      |
| 2, and 3 to PM3. Page partment of patter death   |               | (ITY OR TOWN (If autside carparate limbs) write RURAL and give nearest tawn)   | K Sdoys 12he  | C CITY OR TOWN (frautside carparate in ts/Avrite RURAL and                                | give nearest fawn)                           |
|  |               | NAME OF HOSP TAL OR INSTITUTE ON (If not in his                                | aspital, give street address)  7 HCSP.                            | 421. VAN BUREN ST   | B S RESIDENCE<br>ON A FARM?<br>YES NO        |
| after death 1f .8. Give Poges 1, along with farm with ihe Stote De within 72 hours   | L             | NAME OF First DECEASED JOEL  |   | JOHNSTON DEATH 4. DATE Month OF LATE  | DOY Year  1966  DER 1 YEAR   15 UNDER 24 HRS |
| v = 0 < =  | S.            | M  | ARRIED NEVER MARRIED 6  DOWED D VORCED 6  TOB K ND OF BUSINESS OR | 12-7-05 lost birthday) Manth  |  |
| S S S S  | dur           | grost of working life, even fred red)  L 1220 group k offervalo  FATHER'S NAME | INDUSTRY. Sexuale   | MOSSOURI  14. MOTHER'S MAIDEN NAME  | COLNTRY? S A.                                |
| d within in people in people Examinate Page and in a   | 15            | ROBERT JOHNSON WAS DECEASED EVER N.L. S. ARMED FORCES?                         | 16. SOCIAL SECURITY NO 17   | FMMA ThoorAS  | 0N,  |
| hould be executed with word "pending" in per the Chief Medical Examinal-transit permit file ation, ar remayal, and   | (Y            | 18 CAUSE OF DEATH (Enter only one couse per                                    | 1 (a), (b) and (c)  | Horfetol Reord  | INTERVAL BETWEEN                             |
| should le e le ward ''per o the Chief I burial-transit mation, ar re   |               | 7040 DUE TO  | Acute cerebral ed   | dema due to   | ONSET AND DEATH                              |
| ert ficate should<br>writing the word<br>warded to the Cl<br>sed os a burial-tru   |               | stating the underlying cause DUE TO  | bilateral subdurg   | al hematoma.  |  |
| 2 2 2  | HON           | PART II OTHER SIGNIFICANT CONDITIONS CONTRIB                                   | BUTING TO DEATH BUT NOT RELATED TO T                              | THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)   | 19 WAS ALTOPSY PERFORMED? YES NO             |
| the eath   | CERTIFICATION | 200 EXTERNAL CAUSE WAS PRIMARY   | 206 DESCRIBE HOW INJURY OCCURRED Deceased fell at                 | (Enter noture of injury in Port 1 or Part II of item 18)  home, hitting head on nig       |  |
| S set of Signature   | MEDICAL       | 20c TIME OF INJURY Month, Day, Year Hour a.m.  1:30 xxx 3/29 1966              | White a heat White - factor                                       | CE OF IN.URY (Home, farm, ary, street, office bldg, etc.)  Home  Washington               | (County) (State)                             |
| CAL EXA  |               | 21. I certify that I took charge of  | the remains described above) he                                   | ide 🔲, Hamicide 🔲, Undetermined manner  | and in my apinion                            |
| DEPUTY MEDICAL EXAM stessory, please execute if the funeral director. Page 4 may be retained far your FUNERAL DIRECTOR: Page south or its designated age   |               | ACTUAL SIGNATURE Delden  | 1. 1 Ceap   | CHIEF MEDICAL EXAMINER [] M.D. ASSISTANT MEDICAL EXAMINER []  DEPLIPY MEDICAL EXAMINER [] | 22. DATE SIGNED                              |
| DEP<br>cesso<br>e fur<br>may<br>FUNE   | 230           | BURIAL, CREMATION, 23b. DATE THEREOF   | 23c NAME OF CEMETERY OR C   | Address (Street, City, Town, or county)   | (County) (State)                             |
| 1 2  |               | REMOVAL (Specify) Burial 1/14/66 FUNERAL DIRECTOR                              | Arlington   |   | S SIGNATURE                                  |
| VR A15ME (5)   | 1             | The S. H. Hines Co   | ompany Washingt   | on. DC MPR 14 1966 Cum  | Mer Judge                                    |



| 1  |   |          |            | Divis                            | ion of STATISTIC                                       | MAR<br>SAL RESE    | YLAND STATE<br>EARCH AND REC | E DEI<br>ORDS    |  | HEALT<br>N STREET      |                         | E 1. MARYL         | AND                            |
|--|---|----------|------------|----------------------------------|--|--------------------|------------------------------|------------------|--|------------------------|-------------------------|--------------------|--------------------------------|
| FOR S  | TAYE_   | 거        | . {        | )5562                            |  | EDICAL             | EXAMINE                      | R'S              |  |                        | EATH                    | ()5                | 5611 .                         |
| HEALTH   | DEPT.   |          | 1.         | PLACE OF DEATI                   |  | i tem (            | Film 637(                    | 5                | 2. USUAL RESIDEN                                   | CE (Where deco         | ased lived, If ins      | titution: Residenc | e before admission             |
| . == 0   | ٠.  |          |            | Mo                               | ntgomery   |                    | MARYL                        | AND              | e. STATE Ma  | ryland                 | b. GOUN                 | MY Prince          | George                         |
| sary<br>nera<br>y be   | State Department<br>hours after death   |          |            | b. CITY OR TOW<br>Write RURAL    | N (if outside corporet and give nearest town           | e limits,<br>n)    | c. LENGTH OF STAY            | IN 1b            | c. CITY OR TOWN (II                                | outside corp           | orata ilmits, wr        | ita RURAL and g    | iva nearast town               |
| e fu   | part<br>er d  |          |            | Othe                             | y  |                    | DOA                          |                  | Laurel   |                        |                         | /                  | 6-2                            |
| 9 e<br>0   | aff.  |          |            |                                  |  |                    | ospital, give street ad      | idress)          | d. STREET ADDRESS                                  |                        |                         |                    | e. IS RESIDENC<br>ON A FARM?   |
| Pag  | tate  |          |            |                                  | omery Gener  |                    |                              |                  | 1103 Sno   |                        |                         |                    | YES NO E                       |
| and 3.   | the S<br>72 ft  |          |            | NAME DF<br>DECEASED              | Flr<br>Willia  |                    | Middle<br>Cecil              |                  | Jones  | 4. DATE<br>OF<br>DEATH | April                   | n Day<br>23        |                                |
| F 22   | 55  | , ŀ      |            | (Typa or print)<br>SEX           |  | 7. MARRIED         |                              | · ·              | 8. DATE OF BIRTH                                   | 1.0                    | ž.                      | IF UNDER 1 YEAR    | 13                             |
| # S 1. E   | Sales | 1        | •          | Male                             | White  | WIDOWED            | =                            |                  | September 2  | エグエザ』                  | Just birthday)          | Months Days        | Hours Min.                     |
| death. Pages<br>th for   | arent seem  | <i>/</i> | 10a,       |                                  | TON (Give kind of work of<br>ing lifa, even if retired |                    | KIND OF BUSINESS OR          |                  | 11. BIRTHPLACE (S                                  | (///                   | 5] yrs.  <br>n country) | 12. CITIZEN        | OF WHAT                        |
| Give   |   |          | duri       | ng most of work<br>Minist        | ing lifa, even if retired<br>:et                       | 1}   1             | INDUSTRY                     |                  | Mari   | 1/2.                   | 6                       | USA                | Y7                             |
| rs after des<br>18. Give Pa<br>along with                        | ges 3   | ŀ        | 13.        | FATHER'S NAM                     |  |                    | 7                            |                  | 14. MOTHER'S MAT                                   | EN NAME                |                         |                    |                                |
| ===  | d in  | İ        |            |                                  | Willia   | me x               | lones                        |                  | J-ch   | ra-                    | moo-                    | Le                 |                                |
| 24 hox<br>n Item<br>Office                                       | File,   |          | 15.<br>(Ye |                                  | EVER IN U.S. ARMED FOI                                 |                    | SOCIAL SECURITY NO.          |                  | INFORMANT  |                        | Addres                  |                    |                                |
| er si  | mit.<br>oval  |          |            | no                               |  |                    |                              | Fan              | mily & Medic                                       | al Rec                 | ords, Ol                | ney, Ma.           |                                |
| be executed within<br>pending, in pencil i<br>Medical Examiner's | permit.<br>removal  |          |            |                                  | DEATH [Enter only one<br>EATH WAS CAUSED BY:           | <i>y</i> .         | line for (a), (b), end (c)   | 1/2              | - 21 BA  |                        | 11                      |                    | ERVAL BETWEEN<br>SET AND DEATH |
| uteo<br>in<br>Exa  | Sit<br>or   |          |            | PANT I. DI                       | IMMEDIATE CAUSE  |                    | cute.                        |                  | rojun  | 4 m                    | sufer                   | colour             | 4                              |
| exec<br>ding<br>ical   | Enrial-transit<br>cremation, or   |          | 1          | サメし<br>Conditions, If            | say which t  | . 10               | 42 001 00                    | 1.4              | 115 100  | 1 66                   | 216                     | 10126              | asc.                           |
| be Med   | mria<br>ema   |          |            | gave rise to                     | Immediate (  | (b)                | COTCGOZ                      | 4                |  | 1 120                  | 60,07                   | N. Contraction     | 7                              |
| ould<br>rd d   | 60  |          | -          | causa (a), si<br>underlying caus | tating the   | (c)                | (                            | /                |  | /                      |                         |                    |                                |
| ficate should<br>the word<br>to the Chief                        | used as<br>to burial  |          | 20         | PART II. OTHER                   |  |                    | UT ING TO DEATH BUT N        | OT RELA          | TED TO THE TERMINAL                                | DISEASE COND           | ITION GIVEN IN          | PART 1(a) 19.      | WAS AUTOPSY<br>PERFORMEQ?      |
| the the  | use<br>to b   | Ú        | FICATION   |                                  |  |                    |                              |                  |  |                        |                         | Y                  | ES NO                          |
|  | 9 5   |          | ERTIF      | 20a. EXTERNA<br>PRIMARY [] or    | L CAUSE WAS<br>CONTRIBUTING []<br>IH.                  | 20b.               | DESCRIBE HOW INJUR           | Y OCCU           | JRRED. (Enter nature o                             | f Injury In Pa         | rt I or Part II o       | f Item 18.)        | -                              |
| t: This cer<br>te, writin<br>forwarded                           | ould<br>Pr  |          | O          |                                  |  |                    |                              |                  |  | ( 665 4                | Ditter on Annual        | (County)           | /P****                         |
| rte,<br>forw   | 3 shoul<br>agent, p   |          | MEDICAL    | 20c. TIME OF<br>Hour a.r         | INJURY Month, Day, 1                                   | Year 20d.<br>While |                              | De. PLA<br>fecto | CE OF INJURY (Home, f<br>ry, street, office bldg., |                        | City or town)           | (County)           | (State)                        |
| PE TEC   | ed  |          | WEI.       | p.i                              |  | iat wor            | k at work                    |                  |  |                        | 5-7                     |                    | 11 11                          |
| E CENT   | : Pa<br>gnat  |          |            |                                  | 1  | 1                  | mains described abo          | /                |  | Inspection             | 7-1                     |                    | d in my opinio                 |
| 를 구 등을 를<br>다 기 등 등 등  | TOR   |          |            | death result                     | ted from: Natural                                      | causes             | , Accident                   | / Sui            | icide, Homici                                      | ш,                     | Undetermined            | manner [           |                                |
| 9% e 4   | DIRECT IS   |          |            | ACTUAL                           | 1-10 Vel   | en 1               | KIAO                         | Zoff J           | M.D. ASSISTANT ME                                  |                        | NER                     | / 22               | Z. DATE SIGNED                 |
| Page   | 9 9   | _        |            | SIGNATURE                        | 1)   |                    | 0 21                         | 1                | DEPUTY MEDI  | AL EXAMINE             | JX (                    | 4721               | 1961                           |
| O DEPUTY<br>please e<br>director.                                | FUNERAL  <br>f Health or  | 3        |            | EXAMINER'S<br>NAME (Type)        | SELDE  | SIL                | 1,12%                        | 1/2              | M DAddres Listre                                   |                        | or county)              | 1 Q W/             | 1100                           |
| DEPU<br>please<br>director                                       | E   |          | 23a.       | PREMOVAL (Sp                     |  | HEREOF             | 1 11 11                      | 700              | Lemons La  | 1 70 .                 | CATION (CIty, to        | iwn or county)     | (State)                        |
| 5 20 2   | 10 F  | Δ        | 4          | PUNERAL DIRI                     | 1 4-27   | -66                | ADDRESS                      | 711              | 7/1/2  | C'D BY REGIS           | TRAR L 25h P            | EGISTRAR'S SIG     | NATURE.                        |
| VR AI  | SME (5)   | 내        | 24.        | ( // )                           | TT 1/2   | . /                | HUDRES                       | . /              | med DATE AF  |                        |                         | Charles            | Judge                          |
| 5M   | 1/65  | ′        |            | rev.                             | u vun  | redre              | en, pan                      | ul               | DATE   | 20                     | .500                    |                    | 10                             |



| MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND   |
|--|
| 05563 CERTIFICATE OF DEATH U5561   |
| 1. PLACE OF DEATH  a. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)  b. COUNTY  b. COUNTY  MARYLAND  |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)   |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS  O. IS RESIDENCE ON A FARM?  FAIR I AND NU RESIDENCE ON A FARM?  YES \( \sum \) NO \( \sum \)   |
| 3. NAME OF DECEASED (Type or print)  STHEL  ALE  Month Day Year  OF DEATH  ALE  DEATH  APRIL 23 1966   |
| 5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. ACE (In years last birthday)   Months   Days   Hours   Min.    FEMALE   W'   WIDOWED   3 - 1888   78 yrs.   Yrs.  |
| 10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR II. BIRT HPLACE (County & State, or foreign country)  11c. CITIZEN OF WHAT COUNTRY?  11c. CITIZEN OF WHAT COUNTRY?   |
| 13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. MOTHER'S MAIDEN NAME  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  SY L'UER SPRI  (Yes, no, or unknown) (If yes give war or dates of service)  HONE DAVID KALE - 1112 - CADDITY CICH DVE MI   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  INTERVAL BETWEEN ONSET AND DEATH  Y AND  ONSET AND DEATH   |
| Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  (b) Hrteriosc/pictre Heart Sciences:  (c) Cerevalized Certeruscleussis   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO OR OCCUPIED THE TOP OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   |
|  |
| Hour a.m.  p.m.  19   While   Not While   factory, street, office bldg., etc.)   |
| 21. I certify that (I) (this hospital) attended the deceased from  |
| 22c. PHYSICIAN'S NAME (Type) Ira N. Tublin  ATTENDING MED. MED. DIRECTOR STAFF. DIRECTOR DIRE |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  REMOVAL (Specify) 4/24/64 FEORGE WEST, CEMETERY OF CREMATORY 23d. LOCATION (City, town or county) (State)  24. EUNERAL DIRECTOR 25b. REGISTRAR'S SICNATURE  |
| Soldberg Franca Hone 4217-9 St Navia PR 27 1965 gellarles Judge  |
|  |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1556 funeral death. and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY the 1 Maryland ges I after Montgomery Montgomery MARYLAND b. CITY DR TOWN (.f outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Š Write RURAL and give nearest town) bon papers. Pag within 72 hours hours Silver Spring 47 Days filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 10200 Brunett Avenue The Clinical Center, Bethesda 14, Maryland YES ND X completely i executed within 3. NAME OF DATE Year DECEASED event, (Type or print) DEATH April 19 66 NMN Karafas 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) | Months | Hours 1 any 16 August 1916 Female White WIDOWED T DIVORCED 5 10a. USUAL DCCUPATION (Give kind of work done, 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? and USA Pennsylvania Housewife
13. FATHER'S NAME that the death certificate 14. MOTHER'S MAIDEN NAME removal, attendings rmit. Then Susan Andresko Joseph Handlovic 16. SDCIAL SECURITY NO. | 17. INFORMANT The Medical Records. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | O FUNERAL DIRECTOR: After this certificate has been signed by the atten director, page 3 should be detached for mse am time flurial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) 186-20-2912 The Clinical Center, Bethesda 14, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonitis of undetermined etiology be retained by the hospital or attending physician. (b) Acute Myelogenous Leukemia Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES X ND F 203. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) Hour a.m. Not While at work ATTENDIN 21. I certify that \$0 (this hospital) attended the deceased from 21 February 1966 to 9 April \_\_\_ 1966, that 6 (we) last saw the deceased alive on 9 April \_\_\_\_1966\_, and that death occurred at 10:45%, Por the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING 10 April 1966 M.D. DIRECTOR Page 4 may PHYSICIÁN'S ADDRESS The Clinical Center, National NAME (Type) Alexander A. Levitan. M.D. Institutes of Health, Bethesda 14. Md. 23d. LOCATION (City, town or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, REMOVAL (Specify) 2 13/66 Ft. Lincoln Cemetery Prince Georges County. Md 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 1966 The S.H. Hines Company VR A15 (4)

15M 4-64

- 1 1 ma τ - •

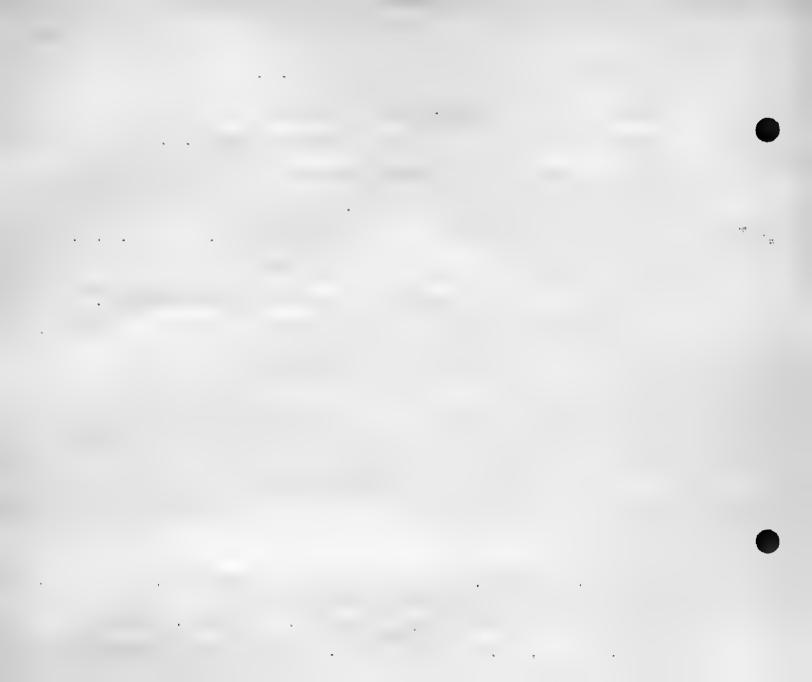
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) e. CQUNIA b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest (own) c. CITY OR TOWN (If outside corpetate limits, write RURAL and give neared town) c. LENGTH OF STAY IN 16 SPRING WILVER d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) IS RESIDENCE ON A FARM? YES NO -A NAME OF 4. DATE Middle Month Day DECEASED (Type or print) DEATH 18. COLOR OR RACE 5. SEX 8. DATE OF BEETH 9. AGE (In years . IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARKED last birthday) Months Devs WIDOWED [ ine. USUAL OCCUPATION (Give hand of work done during algor of working life, even if retired) 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give we ror detes of service 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gove rise to immediate cause DUE TO (e), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 19 WAS AUTOPSY CERTIFICATION PERFORMED? 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of injury in Part I or Part II of II of Part II of II of Part II of II OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY [Home, farm, 1 20f. [City or town] 2Dc. TIME OF INJURY Month, Day, Year (County) (Slete) factory, street, office bldg., etc.) Hour a.m. While Not While et work et work p.m. 21. I certify that (1) (this hospitel) ettended the deceased from... ...19.60 and that death occured et 330M, from the causes and on the date stated ebove. saw the Aceased alive on... 22b. DATE 22e. SIGNATURE SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. M.D. 22d ADDRESS 22c. PHYS RTONSVILLE 23. BURIAL, CREMATION, | 235. DATE THEREOF 23d. LOGATION [City. CEMETERY OR CREMATORY REMOVAL (Specify) 0.52 FUNERAL DIRECTORS STORY VR A15 (4) 15M 7/61



| and the state of   | Items 18&21 Film G378 MARYLAND STATE DEPARTMENT OF HEALTH  |
|--|--|
| FOR STATE  | Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  (1556)  |
| HEALTH DEPT  | 1. PLACE OF DEATH   2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)  |
|  | MONTGOMERY MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND  |
| the funeral<br>of the funeral<br>e 5 may be<br>Department.<br>after doath  | 6. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)   |
| neces<br>he fu<br>s ma<br>s ma<br>s ma<br>ter d  | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS (e. IS RESIDENCE  |
| lay is reflace to the pours affer after Dours affer after Dours af | ON A FARM?   |
| delay is nd 3 to nd 3 to Page . State hours  | 3. NAME OF First /Middle Last I 4 DATE Month Day Year  |
| any dela<br>2, and<br>PM3. h<br>the St<br>n 72 hou   | Type or print) RichARd Julius Khind+ BEATH apr. 20 1966  |
| ith. If an form P form P within  | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In Years   IFUNDER 1 YEAR   IFUNDER 24 HRS.   Hours   Min.   Hours   Min.   |
| Page the form  | MALE WIDOWED DIVORCED 3-14-93 73 yrs. WIDOWED 100. USUAL OCCUPATION (GIVE kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT  |
| Give Give  | during most of working life, even if retired)  INDUSTRY  OFRMANY  COUNTRY?  LIS. Q.  |
| n 18. (n 18. pages in any  | 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME   |
| 14 hour litem Office File pand i   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address  |
| n 24<br>l in 1<br>s Off<br>s Off<br>fal, a   | (Yes, no, or unknown) (If yes give war or dates of service)  HOSD ITAL RECORDS  HOSD ITAL RECORDS  |
| within pencil in miner's permit.   | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  INTERYAL BETWEEN ONSET AND DEATH  |
| ried<br>in printed<br>Exam<br>sit printed  | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute suppurative meningitis; accompanied by  |
| "de executed "pending" in st Medical Example a burial-transit cremation, or i  | Conditions, if any, which \ (a) bronchopneumonia; and malignant lymphoma   |
| Med<br>Med<br>vuria  | gave rise to immediate   |
| ord hould hief hief al, c  | underlying cause last. ) (c)   |
| LEXAMINER: This certificate should be executed within 24 hours after death. If should be certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form files.  108. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with lesignated agent, prior to burial, cremation, or removal, and in any part within  | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AU 10PSY PERFORMED? YES NO 1  |
| tiffical the to the to the use use   | 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Pert 11 of Item 18.)   |
| riting rided to uld be prior   | RIMARY OF CONTRIBUTING CONTRIBU |
| R. This cate, write forward forward 3 should agent, p  | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  While at work et work the et work to be the work to be t |
| INER<br>iffica<br>be f<br>ige 3  | Pour s.m. p.m.  19   While   Not While   Not While   21   Certify that   took charge of the remains described above held an Autopsy   Inspection   No.   Inquiry   Inq |
| AL EXAMINE the certific the certific the should be in files.   | 21. I certify that I took charge of the remains described above held an Autopsy , inspection , inquiry , and in my opinion death resulted from Natural causes K , Accident Suicide , Homicide , Undetermined manner  |
| 4-7500   | CHIEF MEDICAL EXAMINER   |
| it a so it it  | ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER ( ) 22. DATE SIGNED  DEPUTY MEDICAL EXAMINER ( ) 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |
|  | EXAMINER'S BELDEN REPRESENTATION OF COUNTY) PULZO 1966   |
| O DEPUTY MEI<br>please execu<br>director. Pag<br>retained for<br>o FUNERAL DI<br>of Health or  | 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City town or county) (State)   |
| of date of the other of the oth | But 121   April 23, 60   Cecar Hill Cem   Prince George's Committee   24, FUNERAL DIRECTOR   ADDRESS   25a. REC'D BY REGISTRAM 25b. REGISTRAM'S SIGNATURE  |
| VR A15ME   | W. 1. Hurstemann & Son, 5732 Georgia 114 11 APR-25 1966 Mclearles Judge  |
| 3500 4-64  | The territories the state of th |



| 1.   | 13  |           | DIVISION OF STATISTIC  | MARYLAND STATE                                    | DEPARTMENT OF   | HEALTH   | MARVIAND                                      |
|--|-----|-----------|--|---|---|--|---|
| . =- /   |     | á         | 25566  | CERTIFICA   |   | STREET, BALTIMORE 1, I                               | 05565   |
| funera<br>should   | [M] |           | PLACE OF DEATH   |   |   | Where decoased tived, if institution, R              | esidence belore adm'ssion)                    |
| ours<br>the fi   |     |           | Montgomery   | MARYLAND  | o. STATE D. C.  | b. COUNTY  | \   |
| 24 h   |     |           | o. CITY OR TOWN (if outside corporate lim<br>write RURAL and give necrest town)                            | 2 - 1   |   | tside corporete limits, write RURAL and              | give neerest town)                            |
| thin in signer   |     | -         | Julier Spring  L. NAME OF HOSPITAL OR INSTITUTION  | (if not in hospital, give street eddress)         | Washington d. STREET ADDRESS                                  |  | . IS RESIDENCE                                |
| d wi   |     |           | Fairland Nursing He  |   | 4600 Bowlen   | _  | YES NO X                                      |
| nplete   |     | 3.        | NAME OF First DECEASED (Type or print)   | M.ddle<br>Elizabeth                               | Klomparens 4.   | OF DEATH And   | 25 19 66                                      |
| d con  |     | 5.        | UETEL  |   | B. DATE OF BIRTH  | 9. AGE (In years IF UNDER )                          | YEAR IF UNDER 24 HRS.                         |
| n and early vent, v  |     |           | Female White   | WIDOWED TO DIVORCED .                             | Aug. 10, 1891   | 74 ya.   | Deys   Hours   Min.                           |
| rtiffica<br>rsicia<br>emov   | P   | do        | USUAL OCCUPATION (Give kind of worked during most of working life, even if retire                          | t 10b. KIND OF BUSINESS OR INDUST                 | South Haven   |  | S. A.   |
| th ce<br>g phy<br>sse re<br>in an  | 14  |           | FATHER'S NAME  | Own name  | 14. MOTHER'S MAIDEN HAA                                       |  | J. 11.  |
| deal<br>ndin<br>ple  |     |           | Charles Abell  |   | Cora Webb   |  | _   |
| t the<br>s affe<br>Ther<br>oval,   |     |           | WAS DECEASED EVER IN U.S. ARMED FOI<br>i, no, or unknown) (If yes give we rordeles of:<br>No               | service)  | rs. Donald Boyd   | L5220 Georgia Ay                                     | lenne   |
| ian.<br>ian.<br>yy tho<br>mit.   |     |           | 18. CAUSE OF DEATH [Enter only one   |   | co. Donaca Soya   | Silver Spring, 1                                     | INTERVAL BETWEEN                              |
| quire<br>hysic<br>ned E<br>it per<br>it, or  |     |           | PART I, DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (*)  | Bronchial pneum                                   | ionia   |  | 48 hrs.                                       |
| nw re<br>ng p<br>n sign<br>trans   |     |           | Conditions, if any, which \( \)  | Generalized art                                   | eriosderosis  |  | 5 yrs.  |
| The latending the been so the property of the latending th |     |           | gave rise to immediate cause (e), stating the underlying   |   | _   |  |   |
| or a or a fine the buria   |     |           | cause last.  | ITIONS CONTRIBUTING TO DEATH BUT N                | INT BELATEN YN THE TERMINAL                                   | DISEASE CONDITION G VEN IN PART                      | 1(a) 19 WAS ALTOPSY                           |
| ICIA<br>spital<br>spital<br>fifical<br>se as   | 2   | ATION     | FART II. OTHER SIGN FICANT COND  | INORS COMMISSIONS TO DEATH SOLIT                  | OT REALD TO THE FEMALES.                                      | DISTRICT CONDITION OF THE REPORT                     | PERFORMED?                                    |
| PHYS the ho this cer d for us  |     | CERTIFICA | 200. ACC DENT WAS UNDERLYING _<br>OR CONTRIBUTING _ CAUSE OF DEATH<br>(IF EITHER, NOTIFY MEDICAL EXAMINER) | 20b. DESCRIBE HOW INJURY OCCURE                   | D. (Enter neture of injury in Peri                            | For Pert if of item 1B.)                             |   |
| NDING<br>lined by<br>It. After<br>detache  |     | MEDICAL   | 20c. TIME OF INJURY Month, Dey, You Hour e.m.  |   | ACE OF INJURY (Home, farm, clary, street, office bldg., etc.) | 2DF. (City or town) (Cour                            | nty) (Stele)                                  |
| ATTE<br>be refa<br>CCTOI<br>wild be  |     |           | 21. I certify that (I) (this hospisaw the deceased alive on4/  | tal) attended the deceased from 25/66 19, and the | 9/21/64 19.<br>at death occured al 2 n                        | (R) 19 to 4/25/06 19                                 | , that (I) (we) last<br>he date stated above. |
| S Show   |     |           | 22e. SIGNATURE   |   | ATTENDING MED   | STAFF  | 22b. DATE<br>SIGNED                           |
| SEAL PAGE With It  |     |           | 22c PHYSICIANS   | 4   | 22d, ADDRESS  | CTOR PHYS.   |   |
| DSP1   | 1   |           |  | nifant, M.D.                                      |   | ical Center, Sand                                    |   |
| Chief Fig.   |     | 234       | BURIAL, CREMATION, 23b. DATE THE   |   |   | Addington (City, town or county                      |   |
| VR A15 (4  |     | 24        | FUNERAL DIRECTOR'S STANDERE  | l 1966 Arlington Na<br>Er 84340 Géorgia           |   | Arlington, Virgin<br>BY REGISTRAR 256. REGISTRAR S S | SIGNATURE                                     |
| 1SM 7'61   |     |           | Warner E. Pumphrey,  |   |   | 29 1966 fcloods                                      | en Judge                                      |



|       | 15.1   | 11.                              |    | T.            | tems 18821 Film G377 MARYLAND STATE DEPARTMENT OF HEALTH   | OVI AND                                 |
|-------|--|----------------------------------|----|---------------|--|---|
| 24    | FOR S  | STATE                            |    | 7.5           | Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR<br>MEDICAL EXAMINER'S CERTIFICATE OF DEATH   | 05566                                   |
| Latte | HEALTH   | DEPT                             |    |               | PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If Institution; Res a. COUNTY  a. STATE b. COUNTY  | ****                                    |
|       | ary,<br>erai                                   | EN.                              | 7  |               | D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  MARYLAND  1 OF TGOLE  C. CITY OR TOWN (If outside corporate limits, write RURAL a write RURAL and give nearest town)   |   |
|       | cessary,<br>funeral<br>may be                  | de                               |    |               | FOTOLIC YEARS POTOMAC  | · 1                                     |
|       | 制造の  | Department<br>after death        |    |               | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)   d. STREET ADDRESS   | e. IS RESIDENCE<br>ON A FARM?           |
|       | ay Fage  | State                            | UU |               | 9704 KENTSDALE ROAD 9704 KENTSDALE ROAD  | YES NO X                                |
|       |  | the Si                           |    | 3.            | NAME OF First Middle Last 4. DATE Month DECEASED OF  | Day Year                                |
|       |  |                                  |    | 5.            | (Type or print) H.R. AN FREDERICK KOLIG DEATH AFRIL 27  SEX   6. COLOR OR RACE   7 MARRIED   NEVER MARRIED   1 8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1  | 1966                                    |
|       | h. 11<br>ges 1<br>form                         | athin with                       |    |               | LITTE   Manual   ALIGHTON 20 1000   last birthdey)   Montha   D  | Days Hours Min.                         |
| •     | r death. I<br>we Pages<br>with for             |                                  |    | 108           | USUAL OCCUPATION (Sive kind of work done   30h KIND OF BUSINESS OP   131 BUSTHEL ACT (State or foreign country)   12. CIT  | IZEN OF WHAT                            |
|       | F 5 5  | 105                              |    | IT E          | Ing most of working life, even if retigned)  ST GET IN ENGLISHED IN ESS GLI-ERAL ELECTRIC CONNECTICUT US  FATHER'S NAME PRACTICE  14. MOTHER'S MAIDEN NAME   | INTRY?                                  |
|       | <i>a</i> . ≃                                   | pages 1<br>in any                |    | 13.           | FATRER'S NAME Practice 14. MOTHER'S MAIDEN NAME  |   |
|       | 24 hours<br>n Item 18<br>Office ak             | 2.5                              |    |               | Unknown EMILE JACKEL   |   |
| ;     | 2 in 5   | File<br>II, and                  |    | 15.<br>(Yes   | . WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address O41-09-2712 ADDITUDE ON TO LITTER SOCIAL SECURITY NO. 17. INFORMANT Address  | 11.00                                   |
|       | E 42   | permit.<br>removal,              |    | -             | I ARLAN B. OILG -WIFE - See Ite  | m #2.                                   |
|       |  | t pe                             |    |               | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  Acute coronary occlusion;   | ONSET AND DEATH                         |
|       | <u> </u>                                       | ansi<br>n, o                     |    |               | #201 DUE TO  |   |
|       | be exe<br>pendin<br>Medica                     | al-tr<br>natio                   |    |               | Conditions, if any, which } (b) Coronary artery heart disease.   |   |
|       | od pe  | burial-transit                   |    |               | gave rise to immediate cause (a), stating the DUE TO   |   |
|       | should word "g                                 | 60. 0                            |    |               | underlying cause last. (c)   | len Wan autopru                         |
|       | certificate s<br>iting the w<br>led to the (   | used as<br>to burial             | 2  | CATION        | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   | 19. WAS AUTOPSY<br>PERFORMED?<br>YES NO |
|       | R: This certif<br>ate, writing<br>forwarded to | 3 should be<br>agent, prior      |    | CERTIFICATION | 2Da. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COURSE OF DEATH.  2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.)   | ,-(-                                    |
|       | This<br>te, wr<br>orward                       | Sent                             |    | MEDICAL       | 2Dc. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Coun factory, street, office bidg., etc.)   | ity) (State)                            |
|       | EXAMINER:<br>certificati<br>ould be fo         | 9 TO                             |    | MED           | Hour a.m. While Not While p.m. 19 at work at work  |   |
|       | EXAMINER he certifical should be false files   | DIRECTOR: Page or its designated |    |               | 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry .  | and in my opinio                        |
|       | 5 42 4   | TOR                              |    |               | death resulted from: Natural causes 1. Accident , Suicide , Homicide , Undetermined manner (   |   |
|       | 2 4  | its o                            |    |               | ACTUAL VILLE OF THE ACTUAL STANDING TO ACCUSE AND ACCUSED AND ACCU | 22. DATE SIGNE                          |
|       | Rec Par  | 0 0                              |    |               | DEPUTY ATTO CAL-ENAMINER X   | 11911                                   |
|       |  |                                  |    |               | EXAMINER'S SELDEN LEAP M DAddress (street, city, town, or county)  | 1/180                                   |
|       | D DEPUT<br>please a<br>director.               |                                  |    | 23a           | BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF COMMITTER OR CREMATORY 23d. LOCATION (City, fown or counterwork (Specify)   | nty) (State)                            |
|       | = -0.  |                                  |    | H 24.         | emoval 4-29-1966 Cemetery Utica N.Y.   | SIGNATURE                               |
|       |  | ISME (5)                         |    | 4             | Joseph Jawler's Sons Wash DC. DATE AND 2 1956 Clearle  | o Judge.                                |
|       | 5M   | 1/65                             |    | I_'           | THE COLUMN TO SEE THE COLUMN T |   |

٠. 4

| 1 1/   | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND   |
|--|--|
| E Edit   | 05569 CERTIFICATE OF DEATH 05567   |
| funeral and 2  | 1. PLACE DF DEATH a. COUNTY a. STATE Manuard b. COUNTY b. COUNTY a. STATE Manuard b. COUNTY  |
| fter<br>the<br>ss ]  | MONTGOMERU MARYLAND FRIEND PRINCE GEORGES  |
| n 24 hours a papers, Page hin 72 hours a   | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY DR TDYNY (if outside corporate limits, write RURAL and give nearest town)  A PAR STAY IN 1b  A  |
| 24 hours<br>filled in b<br>papers. Pa<br>in 72 hours   | d. NAME OF HDSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS    e. IS RESIDENCE DN A FARM?   |
| ithin 24 h   | WAShington DAN + HOSP B904-21 St. AV YES NO B  |
| t, arl   | 3. NAME OF DECEASED (Type or print) ROGER ENTWISTICHA HOUNE DEATH 4- 26 1966   |
| comple<br>comple<br>ove car  | 5. SEX 6. CDLDR DR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS  |
| execute<br>mente co<br>remove<br>in any ev   | DIVORCED 10-25-8/ SU yrs.  |
| a Se Co  | COUNTRY?   |
| a, at  | 13. FATHER'S NAME  |
| certifica<br>iding pi<br>Then<br>remova  | Lharles CLANAVILE   Dirging Clarke   |
| death certificate<br>he attending phys<br>permit. Then ple<br>tion, or removal, a  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANY  (Yes, no, or unknown) (If yes pive war or dates of service)  No None 220-44-5891 Hospital Records.  |
|  | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  ONSET AND DEATH ONSET AND DEATH  |
| that the ician, ned by I-transi  | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Untestinal of obstruction ONSET AND DEATH   |
| requires that the fing physician. been signed by the burial-transit r to burial, crema   | Conditions, If any, which } DUE TO Was a not also and also thrombosis  |
| requireding by been the burto  | gave rise to immediate cause (a), stating the DUE TO   |
| as as prio   | underlying cause last. ) (c) (Intalined and to the last of the las |
|  | PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  PERFORMED?  YES   10  |
| CLIAN: The ospital or a certificate hed for use to Health  | PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO 200. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)   |
| PHYSICIAN:<br>the hospita<br>this certifi<br>detached fo<br>e Dept. of H   |  |
|  | 20c. TIME DF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm., 20f. (City or town) (County) (State)  Hour a.m. While Not While at work at work at work at work 2   |
| (D)No sed bed bild bild bild bild bild bild bild bil   | 21. I certify that (I) (this-hospital) attended the deceased from $\frac{1}{2}$ /23 1966 to $\frac{1}{2}$ 1966, that (I) (we) last   |
| OR ATTENDING TO PERSONAL STATEMENT OF THE STATEMENT OF TH | saw the deceased alive on Gont 2 6 1966, and that death occurred at 353 M, from the causes and on the date stated above  |
| AL OR J<br>hay be r<br>L DIREI<br>page 3<br>filed w  | 22a. SIGNATURE 22b. DATE SIGNED  M.D. ATTENDING MED. STAFF CHORL 26 66   |
|  | 22c. PHYSICIAN'S  NAME (Type)  12d. ADDRESS  |
| TO HOSPITAL<br>Page 4 ma<br>fo FUNERAL<br>director, ps   | 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF GREMATORY 23d. LOCATION (City, town or county) (State)  |
| 57 10 in its   | Burial 29 April 1966 Port Lincoln Cemetery Prince Georges Co. Md.  |
| 2  | 24. FUNERAL DIRECTOR Leavens 8434 CADDRESS Avenue 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE   |
| VR A15 (4)   | Warner E. Pumphrey, Inc. Silver Spring, Md. DATMAY 2 1966 July   |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institution; Residence before admission) a. COUNTY h. CDUNTY a. STATE the MARYLAND Maryland Montgomery
c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) by the b. CITY OR TOWN fif outside corporate limits. c. LENGTH OF STAY IN 1b 1 completely filled in by t ove karbon papers. Page write RURAL and give nearest town 15 -Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES | NO. Alta Vista Road executed within 3. NAME DE DATE Day First Middle Last Month DECEASED 19 66 (Type or print) DEATH and com 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLDR OR RACE DATE OF BIRTH 9. 8. 7. MARRIED NEVER MARRIED last birthday) | Months Hours DIVORCED [ attending physician a ermit. Then please re on, or removal, and in IDa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS DR death certificate be COUNTRY? INDUSTRY FATHER'S NAME MOTHER'S MAIDEN NAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the attenthe burial-transit permit. (Yes, no, or unknown) (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c). **ONSET AND DEATH** PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). CEREBROVASCULAR the hospital or attending physician. DUE TO The law requires DI HROMROSIS 24-30 HRS Conditions, if any, which gave rise to immediate TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to DUE TO cause (a), stating the UNKHOWN EREBRAL ATHEROSCLEROSIS underlying cause last. WAS AUTOPSY PERFORMED? CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. NO X YES 2Da, ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY DCCURRED | 20e, PLACE DF INJURY (Home, farm, 2Df. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work to APRIL 15, 1966, that (1) (we) last 21, I certify that (I) (this hospital) attended the deceased from OCT 22 <u> 19 كى </u> \_, and that death occurred at 3.00 P.M. from the causes and on the date stated above. 19/2/2 saw the deceased alive on APRIL15 22b. DATE SIGNED 228. SIGNATURE ATTENDING PHYS. 4/15/66 DIRECTOR M.D. 4 may ADDRESS 22d. PHYSICIAN'S NAME (Type) Edward A. Beeman, M.D. 1015 Spring St., Silver Spring, Md 23d. LDCATION (City, town or county) (State) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATURY BURIAL, OREMATION: WOODBRIDGE ISRAEL CETERY 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 3501-1457. VR A15 (4) 15M 4-64



| 1(M)  | MARYLAND STATE DEPARTMENT OF HEALTH  |
|---|--|
| - = = = =   | 055 * L CERTIFICATE OF DEATH ()5560  |
| hours after death. d in by the funeral rs. Pages 1 and 2 thours after death.  | 3. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 3. COUNTY 4. D. COUNTY 5. COUNTY 6. COUNTY 7. D. COUNTY 7. D. COUNTY 8. STATE 8. COUNTY 9. C |
| ifter<br>the f<br>es 1<br>after   | MONTEOMERY MARYLAND MARYLAND   |
| by Page   | write RURAL and give nearest town)   |
| hour hour sets.   | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?   |
| n 24 hr<br>y filled<br>papers<br>hin 72 l   | HOLY CROSS HOSpital of SILVER SpRING 3411 OlNEY-LAYTONSUILE ROLYES NO  |
| The law requires that the death certificate be executed within 24 hours after or attending physician. Sate has been signed by the attending physician and completely filled in by the 1 use as the burial-transit permit. Then please remove carbon papers. Pages 1 ealth prior to burial, cremation, or removal, and in any event, within 72 hours after the prior to burial, cremation, or removal. | 3. NAME OF PITST Middle Last 4. DATE Month Day Year DECEASED (Type or print) 10dd Ch 8/5+006 LAUGH DEATH 4 20 1966   |
| ted v   | 5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.  |
| xecut<br>and c<br>emov<br>any 6   | MALE WhitE WIDOWED DIVORCED 4-19-66 yrs. WIDOWED WIDOWED WITH AND DIVORCED YTS.  |
| e be existing sician and in   | 10a. USUAL OCCUPATION (Give kind of work done done industry) 11b. KIND OF BUSINESS OR during most of working life, even if retired) 11b. KIND OF BUSINESS OR INDUSTRY 11b. BIRTHPLACE (County & State, or foreign country) 12c. CITIZEN OF WHAT COUNTRY?   |
| ate   | NONE STATE OT MATERIA NAME   |
|   | LAWNENCEL. LAUGHLIN ELAINE   |
| tendifical  | 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Father)  Address OTTE:  (Yes, no. or unknown) 1 (If yes give war or dates of service)   |
| death cer<br>he attendi<br>permit.<br>tion, or re   | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1.  |
| hat the deat<br>cian.<br>ed by the at<br>transit pern.  | 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  A SALLE Krie  ONSET AND DEATH  |
| ires that the physician. In signed by burial-transition burial, crem  | OVE TO A   |
| ires<br>phy<br>n sis<br>buri  | Conditions, if any, which gave rise to immediate (b) Which another Antet port parks  |
| law requires that t<br>attending physician.<br>has been signed b<br>e as the burial-tran<br>h prior to burial, cre  | cause (a), stating the underlying cause last. (c)  |
| he law<br>or atten<br>ate has<br>use as<br>alth pric  |  |
|   | YES NO [   |
| Spired cer  | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO  OR CONTRIBUTING O CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |
| PHYSI<br>the ho<br>this<br>detacl   | 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (County) (State)   20mm   2   |
| L OR ATTENDING PI<br>by be retained by the<br>DIRECTOR: After tage 3 should be de<br>filed with the State   |  |
| OR ATTENDING<br>be retained by<br>NRECTOR: After<br>in 3 should be<br>et a 3 should be  | 21. I certify that (I) (this hospital) attended the deceased from 4 4 10, 1966, to 4 10, that (I) (we) last saw the deceased alive on 1966, and that death occurred at 3 M, from the causes and on the date stated above.  |
| R AT RECT 3 SL 3 SL   | 220. STGNATURE 22b. DATE SIGNED  |
| AL OR asy be DIRE page 3 filed v  | M.D. ATTENDING MED. STAFF HYS. DIRECTOR PHYS. DIRECTOR PHYS. 1220, ADDRESS.  |
| TO HOSPITAL OR Page 4 may be to FUNERAL DIRE director, page 3 should be filed v   | Maynewood Blud. Alexanding Va  |
| Page Page O FUNI  | 238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  |
| 0   | BURIAL (Specify) 4-22-66 FORT LINCOLN CEM. WASHINGTON, D.C.  24. FUNERAL DIRECTOR WILD AMPRESS WOSH. D.C. 25a. REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE   |
| VR A15 (4)  | Throng Funeral Home -1300 N ST, N.W. DARPR 21 1966 Climber Judge   |
| 13M 4-04  |  |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY completely filled in by the 1 ye carbon papers. Pages 1 yeart, within 72 hours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND c. CITY OR TOWN (Noutside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO L Althea Woodland Kursing Home 1000 Daleview YES death certificate be executed within NAME OF 3. Middle DATE Month Day Year Last 4. DECEASED (Type or print) DEATH 13 1966 lera Lee 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 8. 7. MARRIED NEVER MARRIED last birthday) | Months physician and c en please remove oval, and in any Days Hours 1874 WIDDWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT during most of working life, even if retired) COUNTRY? Veterans U.S.A Cler has been signed by the attending phy, as the burial-transit permit. Then pl prior to burial, cremation, or removal, 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PHYSICIAN: The law requires that to the hospital or attending physician. DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating underlying cause last. TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health pric (C) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES [ NO F DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20a. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While OR ATTENDING F at work p.m. at work 21. I certify that (I) (this hospital) attended the deceased from May 19 6 and that death occurred at 550 M. from the causes and on the date stated above. saw the deceased\_alive on DATE SIGNED 22a. SIGNATURE 22b. ATTENDING STAFF PHYS. Fage 4 may b M.D. PHYS. DIRECTOR PHYSICIAN'S 22d. **ADDRESS** NAME (Type) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 0 REC'D BY REGISTRAR FUNERAL DIRECTOR 25a. 255 VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5573 CERTIFICATE OF DEATH funeral 語音 24 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY Montgomery b. COUNTY Montgomery the 1 es 1 Marudand MARYLANO b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) in by the S. Page hours a write RURAL and give nearest town) Silver Spring Silver Spring HEGAS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) papers. filled d. STREET ADORESS e. IS RESIDENCE event, within 72 ON A FARM? Sutherland Road 9708 Sutherland Road NO X YES within completely ve carbon p 3. NAME OF Middle Last DATE Month Day Year DECEASED Charlotte (Type or print) Leek enne DEATH 24 Horil 19 66 be Kecuted 5. SEX 6. COLOR OR RACE OATE OF BIRTH ACE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED F NEVER MARRIED remove last birthday) | Months | Hours in any and temale WIDOWED X 1869 96 OIVORCED [ 6 en 10a, USUAL OCCUPATION (Cive kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician ease during most of working life, even if retired) INOUSTRY COUNTRY? and Housewite Own home death certificate <u>``</u> removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending permit. Then Cornelius Struble Accessed Mary Stanton 17. INFORMANT ed by the attenctransit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. (Yes, no. or unkown) (If yes hive war or dates of service) No CAUSE OF DEATH [Enter only one cause per'line for (a), (b), and (c). burial-transit INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY enera Seven IMMEDIATE CAUSE (a) 4500 **OUE TO** Conditions, if any, which (b) gave rise to immediate 음은 **OUE TO** cause (a), stating the prior underlying cause last. (c) NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY use for use Health PERFORMED? certificate CATE NO CERTIF 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURREO, (Enter nature of injury in Part I or Part II of Item 18.) be detached 1 State Dept. of this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. Not While p.m. 19 at work at work retained ъ I certify that (I) (this\_heesite() attended the deceased from. (ob. to. BIRECTOR: age 3 should led with the and that death occurred at 12 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SICNEO 22b. page MEO. DIRECTOR may O HOSPITAL PHYSICIAN'S 22d. ADDRESS 22c. FULLERING director, p NAME (Type) Page OATE THEREOF TERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. 23d. REMOVAL (Specify) 0 Burial Dan Gabrie FUNERAL DIRECTOR Inc. VR A15 (4) Deliver Doring 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission a. COUNTY b. COUNTY aw requires that the death certificate be executed within 24 hours ofter GTH-OF STAY IN outside carporate, limits, write RURAL and give nearest town) INSTITUTION (It-nat in haspital, give street address) event, within 72 YES NO 🔀 4. DATE NAME OF DECEASED 0F DEATH (Type ar print) IF JNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Davs WIDOWED DIVORCED 10b KIND OF BUSINESS OR CITIZEN OF JYTHAT 13. FATHER'S NAM KIPPLINGER DWIN 16. SOCIAL SECURITY NO (Yes, na, as unknown) (If yes give war as dates of service) 105-26-4075 ALTEXANDRIA INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a) /(b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES [ NO O FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) Hour o.m. Not While factory, street, office bldg. etc.) at work at work 21. I certify that (I) (this hospital) attended the deceased from To to 1964 that (I) (we) last AM, from causes and an the date stated above. 101966 that (1) (we) last be retoined Tarchy 1966 and that death accurred at 9 saw the deceased alive on \_\_\_\_\_\_\_\_ 220 SIGNATURE 22b. DATE SIGNED ATTENDING PHYS M.D. DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d., LOCATION (City or Town) 23a BURIAL, CREMATION, (County) BREMOVAL (Specify) CEMIL TEK VIEGINIA EXANDRIA 5130 WISES AVE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 VIASIL.

MARYLAND STATE DEPARTMENT OF HEALTH



Items 18-21 Film G377MAR Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05575 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Montgomery AND DESCRIPTIONS MARYLAND Department after death. b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b fune ТВУ EXECUTE Boonsboro, Rt. 2 Olney d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? State hours ALREXON CHRISTIANS Rt. Mongtomery General 3. NAME OF Last DATE Month the 72 DECEASED OF 19 66 (Type or print) DEATH Louis Lescalleet death. If a e Pages 1, vith form 5. SEX 6. COLOR OR RACE OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED X NEVER MARRIED last birthday) Months Whtie 8-17-22 Male Davs MIDOWED DIVORCED F Give Pa 10a. USUAL OCCUPATION (Give kind of work done | 10b, KINO OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Emmittsburg, Maryland USA Heavy Equipment Opr. along Construction 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME Maggie Farver Carl I. Lescalleet EXAMINER. This certificate should be executed within 24 house certificate, writing the word "pending" in pencil in Item should be forwarded to the Chief Medical Examiner's Office 15. WAS DECEASED EVER IN U.S. AR MED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) | (If yes give war or dates of service) permit. I removal, res 220-16-2015 Family & Medical records. Olney INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Multiple fractures of skull and chest used as a burial-transit to burial, cremation, or IMMEDIATE CAUSE (a) Conditions, if any, which with exsanguination. gave rise to immediate DUE TO cause (e), stating the underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY CERTIFICATION PEREORMEO? 20a. EXTERNAL CAUSE WAS PRIMARY K) or CONTRIBUTING CAUSE OF DEATH. ould be 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) Deceased working operating bulldozer when a tree on him. 3 shou agent, MEDICAL 20d. INJURY OCCURRED , 20s. PLACE OF INJURY (Home, farm, | 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) at work at work Construction site or its designated Norbeck Montg. Md. inspection inquiry X and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Undetermined manner Natural causes . Accident Suicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT\_MEDICAL EXAMINER for please exec director. Pa retained for O FUNERAL I NAME (Type) 86 NAME OF CEMETERY OR CREMATORY LOCATION (CIty, town or county) BURIAL, CREMATION Boonsboro Md.
25a. REC'O BY REGISTRAR'S SY
1000 Thornes 0.0 Boonsboro Cemetery ADDRESS 24. FUNERAL DIRECTOR 1966 VR ALSME (5) John H. Bast, Jr. 112 N. Main St. Boonsboro, Md



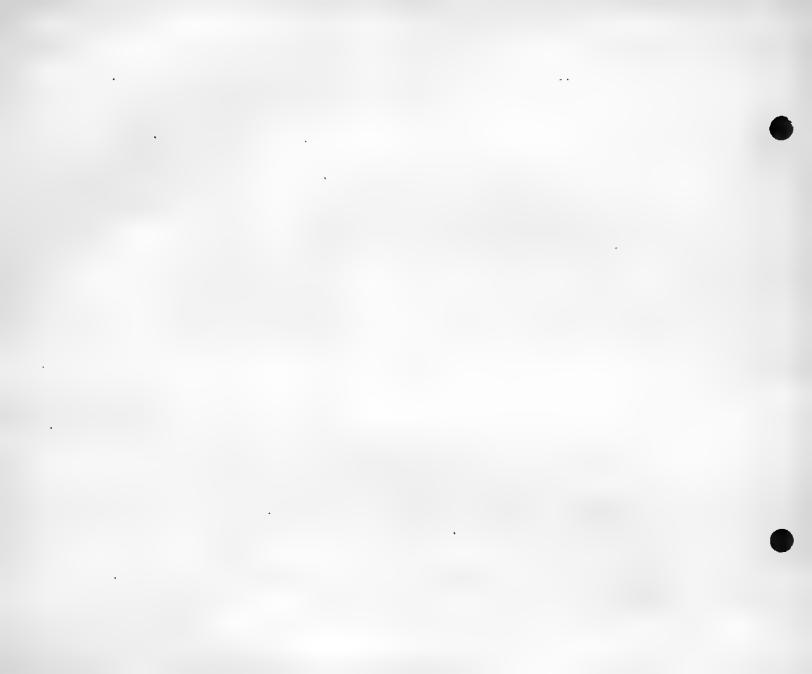
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY a. STATE Montgomery Maryland Montgomery
c. CITY OR TOWN (If outside corporate limits, write Rural and give nearest town) MARYLANO CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b etely filled in by bon bapers. Page, within 72 hours a 57 days Bethesda Chevy Chase d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AGORESS e. IS RESIDENCE ON A FARM? The Clinical Center, Bethesda, Maryland 5480 Wisconsin Avenue NO DE within letely carbon NAME OF OATE OF Middle 4. DECEASED event, (Type or print) Paarl None Levinger **OEATH** April 19 66 executed 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. ove 7. MARRIEO NEVER MARRIEO Female WIDOWED X Male White OIVORCED | March 1906 60 ettending physician a ermit. Then please re on, or removal, and in a 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be COUNTRY? Saleswoman Clothing England England 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harris Hyman Yetta Hymanovich Hyamovitch 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record d by the attend transit permit. cremation, or r (Yes, no, or unkown) ((If yes give war or dates of service) 224-58-4445 The Clinical Center, Bethesda, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable senticemia days 204 Chronic Myelogenous Leukemia in Blast Crisis months Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. has as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART L(a) WAS AUTOPSY for use Health PERFORMEO? YES [ NO TY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1) of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that the (this hospital) attended the deceased from February 9 the 19 66 to April 17 1966, that W (we) last DIRECTOR: age 3 should filed with the 19 66, and that death occurred at 0:00M, from the causes and on the date stated above. saw the deceased alive on April 22a. SIGNATURE 22b. DATE SIGNED page ATTENOING STAFF PHYS. 17 April 1966 X M.O. DIRECTOR director, pa PHYSICIAN'S 22d. The Clinical Center, National NAME (Type) Herman A. Godwin. M.D. Institutes of Health, Bethesda, Maryland 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) 4-21-1966 Nat'l Memorial Park Falls Church Burial 24. FUNERAL DIRECTOR ADDRESS REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 4217 9th St., N. W. Goldberg Funeral Home 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH the funeral ages 1 and 2 rs after death executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH a. COUNTY o. STANASHINGTON, D. C. b COUNTY tely filled in by the function ban papers. Pages 1 c., within 72 haurs after d Montgomery MARYLAND C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparate simils, WASHINGTON 25 days d. STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) U. S. Naval Hospital, Bethesda, Md. 1340 Ellicott Street N. W. YES NO TA 3 NAME OF First Middle Lost 4 DATE Year DECEASED OF DEATH 17 April 19 66 Fernando (n)Levy event, (Type or print) S SEX 9 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH **NEVER MARRIED** Months (laşt birthaay) Hours Caucasian 12 May 1924 Male DIVORCED and in any WIDOWED 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? Brazil during most of working life, even if retired)
Brazilian Air Force INDUSTRY please Brazil 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME burial, crematian, ar remaval, PHYSICIAN: The law requires that the death certif Huberto Johanna Graziella Am Ende Levy IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 4340 Mydras cott Street N.W (Yes, na, ar unknown) (If yes give war ar dates of service) Arlette Grange Levy Washington, D. C. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN **burial-transit** ONSET AND DEATH Post operative bleeding IMMEDIATE CAUSE (a) signed by DUE TO Esophagoral Conditions, if any, which gove rise ta immediate cause (a), DUE TO stating the underlying couse Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) be detached far use State Dept. of Health NO. 20a. ACC DENT WAS UNDERLYING [ 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office blda, etc.) Not While at wark at work 21. I certify that (I) (this haspital) attended the deceased fram March 24 , 1966, ta April 17, 1966, that (I) (we) las saw the deceased alive an April 17 19 66, and that death accurred at 0630 M from causes and on the date stated above 22b DATE SIGNED 220 SIGNATURE **ATTENDING** MED. DIRECTOR STAFF PHYS 17 April 1966 M.D. PHYS. director, page should be filed 22d ADDRESS O HOSPITAL 22c. PHYSICIAN'S S. Naval Hospital Betherda, Md. NAME (Type) C. M. Herman LCDR MC USN 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (Stote) 23n. BUR AL CREMATION. (County) REMOVAL (Specify) Sao Joao Batista Cemetery Rio de Janeiro, Brazil 4-20-1966 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE Wiscommen Avenue 2Sq. REC'D BY REGISTRAR VR A15 (4) Mcharley Judge Joseph Gawler & Sons Washington, D. C. 1966 20 M 1/66



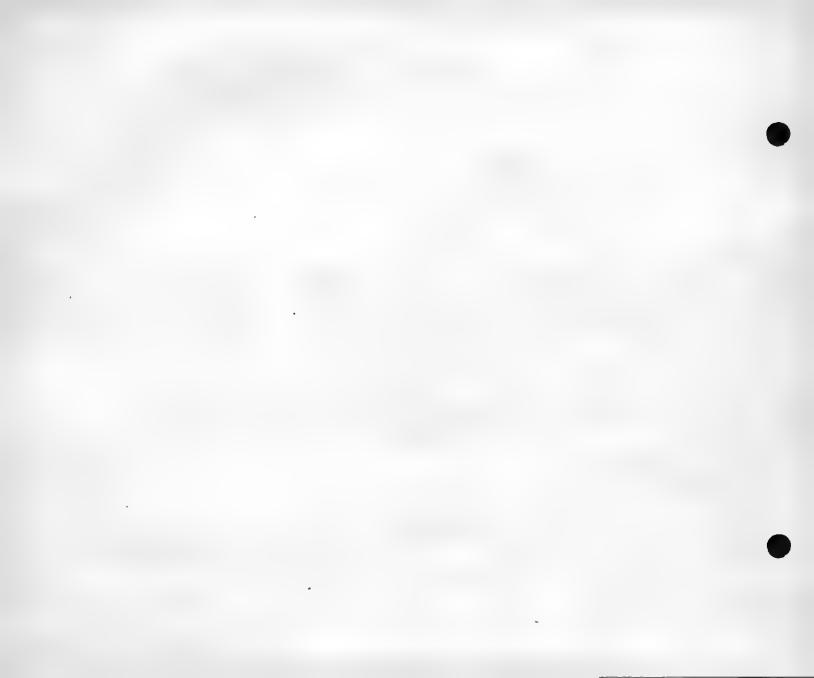
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05576MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before agmission) o. COUNTY Montgomery a STATE 3 ta b COUNTY Montgonzei ō after death. MARYLAND b City OR TOWN (If autside corporate 4 mits, E LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest town) Buthesda. a NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 8 IS RESIDENCE ON A FARM? hours 0505 Mentrose. AVE. 10505 Montrose-AVE. YES NO X 24 haurs after death. 3 NAME OF M ddle 4 DATE Month Year DECEASED Item 18. Give 50059€ (Type or pnnt) DEATH 19 66 S SEX 7 MARRIED 9 AGE ( n years F UNDER 1 YEAR IF UNDER 24 HRS **NEVER MARRIED** Jan. 16,1922 last birthday) Months Hours WIDOWED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) .= Janitor-Trnants Examiner's pages in any 13. FATHER'S NAME shauld be executed within Denc 14. MOTHER'S MAIDEN NAME Josephine OVERTON NDO and IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO permit. (Yes, no, ar unknown) (If yes give war or dates of service remayal, 2102 - Md. Ave NE. MARGARET LINDO -CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c) ) burial-transit PART I DEATH WAS CAUSED BY - Congestive Heart Failure Ы IMMEDIATE CAUSE (o) e, writing the ward farwarded to the Cl crematian, DUE TO Hypertensive Cardio Vascular Disease. Conditions, if any, which gave ase to immediate cause (a), DUE TO This certificate stating the underlying couse GS 0 last used as burial, a WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW IN URY OCCURRED (Enter nature of Injury in Part I or Port II of Item 18) agent, priar should PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Manth, Day, Year 20d INJRY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) Hour a.m. While factory, street, office bldg., etc.) at work of work 21. I certify that I took charge of the remains described above, held an Autapsy 🔀 Inspection X. Inquiry X, ond in my opin on death resulted from: Natural couses X Suicide Accident Homicide Undetermined monner may be retained FUNERAL DIRECT CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER . SIGNATURE the funeral 5 may be TO FUNERAL Health or i DEPUTY MEDICAL EXAMINER (3) **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 19/66 Arlington, Virginia Arlington, Virginia 24. FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE VR A15ME (5) Stewart Muneral Home ing 6M 1/66 Road



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution Residence before admiss an) a. COUNTY o. STATE 6. COUNTY D.C Montgonner Page 5 0 death. MARYLAND CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) and d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? hours alang with farm Give Pages NO X 3 NAME OF Middle 4 DATE DECEASED 20 (Type or print) DEATH 19 66 1 YEAR 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH . AGE (In years IF UNDER 24 HRS ast hirthday) Manths Days Haurs DIVORCED WIDDWED 10a USUAL OCCUPATION (Give kind of work done 10b K ND OF 8LSINESS OF BIRTHPLACE (State or foreign count) 12. CITIZEN OF WHAT COUNTRY 3, A. during most of warking life, even if retired) **INDUSTRY** Virginia NONE Examiner 13. FATHER'S NAME pencil page In a 14. MOTHER'S MAIDEN NAME certif cate shauld be executed within Weirich 16 SOCIAL SECURITY NO 17. INFORMANT permit. Chief Medral William Irvin-5516-39THSt. N.W. removal, NONE pending 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: - ANSET AND DEATH Bronehial -JO IMMEDIATE CAUSE (a) Ward crematian, DUE TO Fracture- of-Rt High. Conditions if any, which gove (b) rise to immediate couse (o), D stoting the underlying couse burial, WAS AUTOPSY PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION PERFORMED? YES NO agent, priar to 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Item 18) shauld PRIMARY TO CONTRIBUTING Fall-out of chair - at-hursing Home feeting CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Hame, farm (City or town) (County) (State) Nat While factory, street, affice bldg , etc.) While may be retained for your FUNERAL DIRECTOR: Page at wark Montat work NOISING HOME designated 21. I certify that I took charge of the remains described above, held an Autapsy [7], Inspection 🔼 and in my opinion Accident Suicide .... the funeral director. deoth resulted from: Notural couses Homicide Undetermined manner O DEPUTY ME ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 0 DEPUTY MEDICAL EXAMINER DE **EXAMINER'S** Health ( NAME (Type) Address (Street, city, town, or county) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BUR AL CREMATION (County) (State) 50 REMOVAL (Specify) Cedar Hill Cemetery 4-23-1966 Suitland FUNERAL DIRECTOR
Geob Gawl ADDRESS er s Sons 'ន Wash. D VR A15ME (5) Wisc



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0557x 05580 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. the funeral 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH b. COUNTY Montgomery o COUNTY a. STATE event, within 72 hours ofter Montgomerv MARYLAND Maryland c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) days Chevy Chase Bethesda filled in papers d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? U. S. Naval Hospital 4700 Davidson Drive YES NO SE 3 NAME OF Middle 4 DATE Lost Month Day Year DECEASED 0F LIVDAHL Martha Gore 19 66 April 12 (Type or print) DEATH IF UNDER 24 HR AGE (In years LE UNDER 1 YEAR S SEX 8 DATE OF BIRTH 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months August 24. Female Cauc WIDOWED DIVORCED 1905 10a JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, arforeign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Raleigh, North Carolina USA Housewife Own Home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremotion, or removal William Arthur Gore Laura Elizabeth Whitfield 17 INFORMANT Chase, Md. IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service) 217-48-828 Orlin L. Livdahl, 4700 Davidson Dr., Chevy/ INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) signed by the burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Ovarian Carcinoma with widespread metastases IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by DUF TO Conditions, if only, which gave (b) rise to immediate cause (a). DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS! PERFORMED? CERTIFICATION , page 3 should be detached for use be filed with the State Dept. of Health YES 😾 NO 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ( CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Nat While at work ot work 19 00 ta April 12, 19 00 that the (we) las reb. 24 2). I certify that (3) (this haspital) attended the deceased fram\_ saw the deceased alive an April 12 19 66, and that death accurred at 830PM, fram causes and an the date stated above 22b. DATE SIGNED 220 SIGNATURE MED. DIRECTOR STAFF PHYS. MApr. 14, 1966 M.D. 22d. ADDRESS 22c PHYSICIAN Winker M. D. U. S. Naval Hospital, Bethesda, Maryland NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. 23b. DATE THEREOF (Stote) Affington National Cemetery Arlington, Virginia REMOVAL (Specify) 2 liantes VR A15 (4) Green Funeral Home, Berndon, Virginia 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05581executed within 24 hours after death. ion papers. Poges 1 and 2 within 72 hours after death funerol l ond PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution Residence before admission) COUNTY b COUNTY inery MARYLAND N (If outside corporate limits, and give neares town) c LENGTH OF STAY IN 15 c CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town = d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? filled Westhard Hu NAME OF Middle corbon 4. DATE Dov Year DECEASED Huber OF 10 166 ond in ony event, (Type or print) DEATH 9. AGE ( n years IF UNDER 24 HRS 6 COLOR OR RACE IF JNDER YEAR 7. MARRIED NEVER MARRIED lost birthdoy) Months Dogs Hours WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done during prost of working life, even if retired) 10b KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT pleose Home COUNTRYA Renved. physn 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM burial, cremation, or removal, PHYSICIAN: The law requires that the deoth certifi George P. Huber Lina P. Robbins 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes no winknown) (If yes give wor or dotes of service) 578-05-6170 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) þ signed t DUE TO Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse prior ta 50 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) FUNERAL DIRECTOR: After this certificate hos PERFORMED? for use director, page 3 should be detoched for use should be filed with the Stote Dept. of Health NO 🔀 20o. ACCIDENT WAS UNDERLYING THE 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day Year 20d INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory street, office bldg . etc.) While Not While at work of work TO HOSPITAL OR ATTENDING Page 4 may be retained by 21. I certify that (1) (this haspital) attended the deceased fram MAR ed the deceased fram MAR ZR , 1966, to APR , to , 1966, that (1) (we) last 10 1966, and that death accurred at 6 PM, fram causes and an the date stated above. saw the deceased alive\_on 220 SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR M 4-10-66 M.D PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) WISCONSIN 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL(Specify) Rockville, Maryland 4/13/66 Parklawn Cemetery 24. FUNERAL DIRECTOR Bethesda, Md. Pumphrey VR A15 (4) 20 M 1/66 Robert



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral after death and death 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY Montgomery b. COUNTY Marvland oon papers. Pages 1 within 72 hours after MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours Silver Spring Silver Spring filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AGORESS holy Cross dospital of Silver Cpring 10413 Tenbrook Drive completely , LDQQ NAME OF First Middle DATE Month DECEASED OF and complet remove carb any event, v April 10 Lussier Hormidas (Type or print) DEATH xecuted 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. DATE OF BIRTH 7. MARRIEO NEVER MARRIEO male last birthday) | Months | Days WIOOWED DIVORCEO X attending physician are ermit. Then please re on, or removal, and in a 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) Conn. Textile mill Loom fixer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lussier Helen Thompson Henry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address this certificate has been signed by the attendetached for use as the burial-transit permit. The Dept. of Health prior to burial, cremation, or (Yes, no, or unknwn) (If yes give war or dates of service) orld 'ar Philit mcBride CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PHYSICIAN: The law requires that the the hospital or attending physician. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 201 DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last (c) CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a, ACCIDENT WAS UNDERLYING ( DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING | CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) director, page 3 should be de should be filed with the State Hour a.m. While Not While ATTENDING I at work at work 21. I certify that (I) (this hospital) attended the deceased from 19 and that death occurred at 52 46M, from the causes and on the date stated above. 3 122. saw the deceased alive on. 1966 22a, SIGNATURE 22b. STAFF DIRECTOR M.D. PHYS. 4 may PHYSICIAN'S NAME (Type) 22d. ADDRESS NAME OF CEMETERY OR BURIAL, CREMATION. 23b DATE THEREOF 23c. REMOVAL (Specify) Louria REC'D BY REGISTRAR 25 REGISTRAR'S SIGNATURE FUNERAL DIRECTO

ontgomery

e. IS RESIDENCE ON A FARM?

Year

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

NO P

(State)

(State)

NO

6

YES

Day

12. CITIZEN OF WHAT

enbrock

19,

(County)

YES

19.66. that (I) (we) last

DATE SIGNEO

opring.

COUNTRY? J.D.

VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05583 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) a. COUNTY filled in by the fu papers. Pages 1 c LENGTH OF STAY IN 16 c CITY OR TOWN (If guitside carparote irmits, write RURAL and give nearest town) write RURAL and give necrest town within 72 haurs d. NAME OF HOSPITAL'OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO X NAME OF 4. DATE Manth Day completely DECEASED OF DEATH event, (Type or print) 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH. AGE (In yéors IF LINDER 24 HRS NEVER MARRIED remove lost birthdoy) Months Doys Hours and in any DIVORCED WIDOWED puo 10b. KIND OF BUSINESS OR 10o USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT INDUSTRY OOD during most of working life, even if retired) 455 055119 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME UNKNOW. LOR WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, na of unknown) (If yes give wor or dates of service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: buriol-transit ONSET AND DEATH IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause os the prior to l lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? O FUNERAL DIRECTOR: After this certificate has NO X 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 20a ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or Town) (County) (Stote) Hour o.m. foctory, street, affice bldg., etc.) Not While at work 21. I certify that (1) (this haspital) attended the deceased fram Canada 19 6 that (I) (we) last saw the deceased alive an 4-24 5 19 66, and that death accurred at 124 M, fram causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230\_BURIAL, CREMATION, 23b. DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) SEMOVA. (Specify) OHEV JHOLOM CEM 11395412670 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25o, RECID BY REGISTRAR VR A15 (4) 20 M 1/66



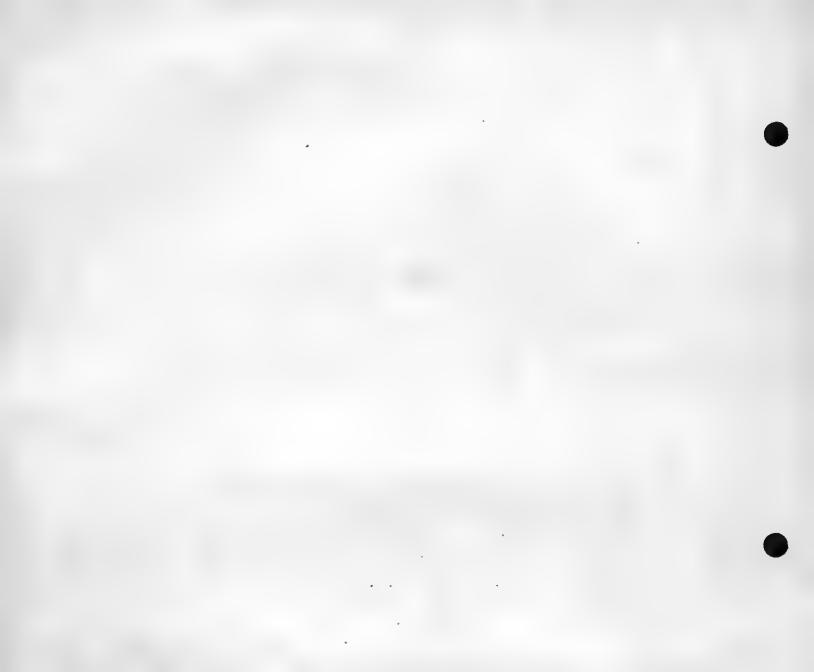
| 1 1 NA   | MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA   | RYLAND                     |
|--|--|----------------------------|
| FOR STATE  | 05584 MEDICAL EXAMINER'S CERTIFICATE OF DEATH  | (15582                     |
| HEALTH DEPT.   | 1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: R a. COUNTY a. STATE b. COUNTY   | esidence before admission) |
| tit begg   | Montgomery MARYLAND Montgome   | Yry                        |
| cessary,<br>o the funeral<br>e 5 may be<br>Department<br>after death.  | b. CITY OR TOWN (if outside corporate limits, write RURAL and glys nearest town)  C. CITY OR TOWN (if outside corporate limits, write RURAL and glys nearest town)   | and give nearest town)     |
| the 15 m   | d. Name of Hospital or Institution (if not in hospital, give street address)  d. STREET ADDRESS  | 6. IS RESIDENCE            |
| Page<br>State D<br>State D   | U.S. Naval Hospital, Bethesda, Maryland 13811 Eastland Street  | YES NO W                   |
| # E . S. E   | 3. NAME DF First Middle Last 4. DATE Month OF  | Day Year                   |
| 502 \$5  | (Type or print) James Allen MANN DEATH April   | 19 66                      |
| s after death. If a along with form I ges 1 and 2 with a mith form I ges 1 and 2 with I any event within   | Male Cauc WIDOWED DIVORCED 9 February 1931 34 yrs.   | Days Hours Min.            |
| with With event  | 10a, USUAL OCCUPATION (Give kind of work done) 10b, Kind OF BUSINESS OR 11, BIRTHPLACE (State or foreign country) 12. C  | ITIZEN OF WHAT             |
| Giv<br>Giv<br>s 1 s  | U.S. Air Force ( ) Windfield, Alabama US   |                            |
| n 18. G  | 13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  Do not a light of the second of the secon |                            |
| in Item 18<br>Office all<br>File page,   | George D. Mann  Bessie Wates  15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 13811 East Pand S  | troot                      |
| nin 2<br>sil in<br>r's C<br>sit.   | YES (19es die war or dates of service) 420-38-5590 Bobbie J. Mann Rockville, Maryl   |                            |
| within pencil ir miner's permit.   | 18. CAUSE OF DEATH [Enter only one-cause per line for (a), (b), and (c).]  | INTERVAL BETWEEN           |
| Example of the control of the contro | IMMEDIATE CAUSE (a) 12-05 7401112-711201   |                            |
| exected adjugates and the adju | Conditions, if any, which (b) T. T-30171 E - From - Foll   | Sudden.                    |
| EXAMINER: This certificate should be executed within certificate, writing the word "pending" in pencil linual be forwarded to the Chief Medical Examiner's les.  Br. Page 3 should be used as a burial-transit permit. signated agent, prior to burial, cremation, or removal  | gave rise to immediate cause (a), stating the DUE TO   |                            |
| shoul<br>rord<br>Chief<br>chief<br>as a<br>ral,  | underlying cause last. ) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  | 119. WAS AUTOPSY           |
| ficate sho<br>the wor<br>the Chi<br>used as<br>to burial   | ANTI II. DENER 2 IGHT LOUIS COM IN DOLLING TO DENIM BOLL MOLING TO THE JEW WAY DISEASE CONDITIONS THAT MAY 1/0   | PERFORMED?                 |
| d to d to be u for to  | PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING [] CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18 PRIMARY TO OF CONTRIBUTING [] CAUSE OF DEATH.   |                            |
| writi<br>ardec<br>ould<br>t, pri   |  |                            |
| R. This cate, wriforward forward 3 should agent, p   | Hour Am  | inty) (State)              |
| ATINE<br>Triffic<br>Tred<br>age<br>ted   | 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry .  | and In my opinion          |
| EXAMINER: This certificate the certificate, writing the should be forwarded to the rifles. CTOR: Page 3 should be used designated agent, prior to bu   | death resulted from: Natural causes , Accident X, Suicide , Homicide , Undetermined manner   |                            |
| the that your fire that your fire the its de   | ACTUAL O. P. 23 P. 00 CHIEF MEDICAL EXAMINER   | 22. DATE SIGNED            |
| TY MEL<br>execute<br>r. Page d<br>d for you<br>RAL DIRE<br>th or its   | SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER  | 6 6                        |
| DEPUTY MELEN<br>lease execute the corrector. Page 4 shou<br>stained for your files<br>FUNERAL DIRECTOR:  | EXAMINER'S NAME (Type) TOHN G BALL Address (Street, city, town, or county)   |                            |
| TO DEPUTY MEI please execution of Health or its contraction of Health or its contraction of the contraction  | 23a. BURIAL CREMATION   23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or con  | unty) (State)              |
| 2-0-50   | Burial 4-13-66 Winfield Cemetery Winfield Alab 24. FUNERAL DIRECTOR ADDRESS 258. REC'D BY REGISTRAR 250. REGISTRAR   | ama<br>'S SIGNATURE        |
| VR AISME (5)<br>5M 1/65  | 20.20. Chambers 6. Inc. 517-11 & S. A.E DAPR 19 1966 PCharles  | Quedas.                    |
| 1,00   | 711 P 1 4 1000 7   | 00                         |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Tours after Meath. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY. Montgomery Maryland the MARYLAND by the Pages CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. 72 hours ? Olney. days Ashton Ξ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? filled d. STREET ADDRESS 24 Montgomery General Hospital YES ! No 🗆 WIT: executed within completely NAME DE First DATE Middle Last Month Day Year DECEASED 19 66 (Type or print) Elsie Marshall DEATH April 6. CDLOR OR RACE | 7. MARRIED TO NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months | Days | Hours | Min. remove 20 any and WIDOWED DIVORCED | March 13 Female Negro WII 12. CITIZEN OF WHAT physician n please r 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) pe De during most of working life, even if retired) COUNTRY? Domestic Marvland USA death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal Walter Davis Bertie Davis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? trans:t permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Medical Records. Olney. Md. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] n signed by burial-trans. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DOHENIA **DUE TO** ELVIC / Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the as th prior t underlying cause last. CERTIFICATION PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM INAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health r this certificate hadetached for use to Dept. of Health I PERFORMED? YES SC ND [ PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part |) of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) a After Hour a.m. Not While While o.m. 19 at work at work 21. I certify that (I) (this hospital)\_attended the deceased from DIRECTOR: age 3 should lied with the 1945 and that death occurred all: 31M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED page DIRECTOR director, pa PHYSICIAN'S ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23a. 4-16-66 Hopkins Highlana, Ma. Church., 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE PUMERAL/DIRECTOR ADDRESS Kockville. VR A15 (4) 1/65



| 1 100  | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W DRESTON STREET BALTIMORE 1 MARYLAND   |  |  |
|--|--|--|--|
| V. (IVI)   | DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH  (15584)  |  |  |
| hours after death. ed in by the finemiers. Pages 1 and 2 2 hours after death.  | 1. PLACE OF DEATH   2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)  |  |  |
| le fil   | Morn tgernery MARYLAND Maryles Maryland Prince gerine's  |  |  |
| rs afte<br>by t<br>Pages<br>urs aft  | b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  |  |  |
| hour<br>d in<br>rs, l  | d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address) d. STREET ADDRESS (e. IS RESIDENCE  |  |  |
| 24 English 24  | Washington Sanitarium + Hospital 8228 14 Dave Apt 101 YES NO   |  |  |
| vithin<br>ellely<br>rbon p<br>vithi  | 3. NAME OF 1 First Middle (ast 14 DATE Month Day Year  |  |  |
| ited wi  | (Type or print) Rose Martin DEATH 4 17 1964  |  |  |
| executed   | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Iast birthday) Months Days Hours Min.  |  |  |
| exe  | WIDOWED DIVORCED 12-12-97 (. 8 yrs.)  10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR during most of working life, even if retired)   11b. KIND OF BUSINESS OR   11b. BIRTHPLACE (County & State, or foreign country)   12c. CITIZEN OF WHAT CDUNTRY?   |  |  |
| ficate be explored by the physician a phesical bease to wal, and will be the phesical bease to be a phesical bease | during most of working life, even if retired) INDUSTRY  House wife Canada amer   |  |  |
| Tcate<br>phy<br>val,   | 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME   |  |  |
| ding The   | Samuel Ruby Pearl Labitsky   |  |  |
| ires that the death certificat<br>physician.<br>signed by the attending phy<br>burial-tramit permit. Them p<br>burial, cremation, or removal,  | 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT / Address (Yes, no, or unknown) (If yes give war or dates of service)   |  |  |
| the the ation  | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I DEATH WAS CAUSED BY.  ONSET AND DEATH  |  |  |
| t the an.  | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONSTRUCTION OF THE CONSTRUCTION OF THE CAUSE (b)   |  |  |
| sthat<br>ysicli<br>gned<br>iai-tr  | 1810 DUE TO QUE TO 1010 TO 101 |  |  |
| uires<br>g phy<br>en si<br>bur   | gave rise to immediate (b)   |  |  |
| nding<br>nding<br>bee  | cause (a), stating the DUE TO underlying cause last. (c)   |  |  |
| law<br>atte<br>has<br>se as  |  |  |  |
| The all or licate or use Healt   | YES ND   |  |  |
| OR ATTENDING PHYSICIAM. The law requires that the death certificate be executed within be retained by the hospital or attending physician.  SIRECTOR: After this certificate has been signed by the attending physician and commellely ge 3 should be detached for use as the burial-trainit permit. Then plass tenove carbon, ge with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with  | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES ND OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |  |  |
| HYSTI<br>his the host  |  |  |  |
| by the Place of the page of th | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State)  Hour a.m.  |  |  |
| NDIN<br>ned 7. Af  | 21. I certify that (I) (this hospital) attended the deceased from Mon April 19 Le hat (I) (we) last  |  |  |
| ATTE<br>retail<br>CTO<br>sho<br>sith t   | saw the deceased alive on 1960, and that death occurred at M, from the causes and on the date stated above.  |  |  |
| OR DIRE  | M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 14/17/66.   |  |  |
| TAL may RAL ya   | 22c. PHYSICIAN'S 22d. ADDRESS SILVER SPITING,  |  |  |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law required may be retained by the hospital or attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to  | Total of Miller, Mars. Hold optiming of the Lytand   |  |  |
| Pa P   | 230. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  Burial April 20.1966 Mt. Lebanon Hyattsville, Maryland   |  |  |
| 0  | Burial April 20 1966 Mt. Lebanon Invattsville, Maryland 24. FUNERAL DIRECTOR ADDRESS Wash. DC 25a. REC'D BY REGISTRAR'S SIGNATURE  |  |  |
| VR A15 (4)<br>15M 4-64   | BERNALD DANZANSKY & SONS 3501 14th St NW DAPR 18 1966 (Charles Judge)  |  |  |
| 111.   | V // //  |  |  |



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05585 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived | finishtation: Residence before admission) o. COUNTY o STATE ь соинту P.M3. Page 0 <del>d</del> ofter death. MARYLAND b City DR TDWN (If outside corporate limits r LENGTH DE STAY IN 16 c City DR TDWN (If guiside corporate limits write RURAL and a ve nearest tawn) d. NAME DE HOSPITAL DR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE d STREET ADDRESS farm haurs ON A FARM? Give Pages YES after death Office along with 3 NAME OF Middle 4 DATE th the Sto thin 72 Month Lost Dov Year DECEASED OF DEATH (Type or print) 19 7 MARRIED YEAR F UNDER 24 HRS S SEX DATE OF BIRTON IF UNDER 6 COLOR OR RACE AGE In years NEVER MARRIED ≥ Months Doys Hours WIDOWED DIVORCED event .00 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT dur agymast of working ite, even if retired. INDUSTRY COUNTRY? QNy umming or Queenses 13 FATHERS NAME 14 MOTHER'S MAIDEN NAME This certificate shauld be executed with co pub oman ш. 15 WAS DECEASED EVER IN U.S. ARMED FDRCES? 16 SOCIAL SECURIZE ND 17 INFORMANT Address rd "pending" in Chief Medical B (Yes, namor unknown) (If yes a ve wor or dates of service) remaval, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ö IMMED ATE CAUSE (a) crematian, DUF TO Cardio Vescular Discore 40015 Conditions, if any, which gave rise to immediate couse (a), DUF TO stating the underlying couse burial, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS) PERFORMED? NO YES 20a EXTERNA, CAUSE WAS 20b DESCRIBE HOW MIDERY OCCURRED (Enter notice of njury in Port I or Part II of Item 18.) prior shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day Year 20e PLACE OF INJURY (Home form, (City or fown) (County) (Stote) Not While foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page at work designated Inspection XI. Inquiry XI 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion the funeral director. deoth resulted from: Natural causes Accident Suicide | Homicide Undetermined manner CHIEF MEDICAL EXAMINER my. Ball -ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Б **EXAMINER'S** John G. Ball, M.D. TO FUNE Health NAME (Type) Address (Street, city, town, or county) 230 BURIAL CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) (Stote) BURIAL (Specify) ARLINGTON, VA. ARLINGTON NATL (EMETERY PR 7 10 25b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15ME (5) 13, Wise are Mil. 1966 6M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05588 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funerol s l ond any event, within 72 hours after deat 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH o. COUNTY a. STATE b. COUNTY mandesomeres MARYLAND by h... Poges OR TOWN (I) outside carporate c LENGTH OF STAY IN 16 c CITY\_OR TOWN (If outside corporate limits, write RURAL and give nearest to e IS RESIDENCE ON A FARM? popers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) ALSTREET ADDRESS filled YES NO 🗷 NAME OF gemove corbon First Middle Last DATE Month Day Year completely DECEASED OF 19 66 (Type at print) DEATH IF UNDER 24 HRS S SEX 9. AGE (In years IF UNDER 1 YEAR MEVER MARRIED last birthday) Months Dovs Hours DIVORCED WIDOWED 10b. KIND OF BUSINESS OR 12 CT ZEN OF WHAT 10g JSUAL OCCUPATION (Give kind of work done 11. BIRIHPLACE (County & State, or foreign country) dur namast of working life, even if retired **END JSTRY** COUNTRY? U.S.a. Repl Estate & Builder - Impley 13. FATHER S NAME MOTHER'S MAIDEN NAME 3 should be detached for use as the burial-tronsit permit. Then with the State Dept. of Health prior to burial, cremation, ar removol IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Yes, na, or unknown) (If yes give war ar dates of service INTERVAL BETWEEN 18 / CAUSE OF DEATH (Enter only one cause per time for (o), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) by the hospital or attending physicion. DUE TO signed l Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse this certificate has been 19. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? CERTIFICATION NO 20g. ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER WEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) Hour a.m. Not While factory, street, affice bldg, etc.) 1966, that (I) (we) lost 21. I certify that (I) (this haspital) attended the deceased fram\_ , to U be retained TO FUNERAL DIRECTOR: saw the deceased alive an 22a. SIGNATURE 22b DATE SIGNED **ATTENDING** director, page 3 should be filed v DIRECTOR PHYS. PHYS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION (State) (County) 4-20-1966 Arlington Nat'o Cem RECD BY REGISTRAR VR A15 (4) 20 M 1/66 Inc.

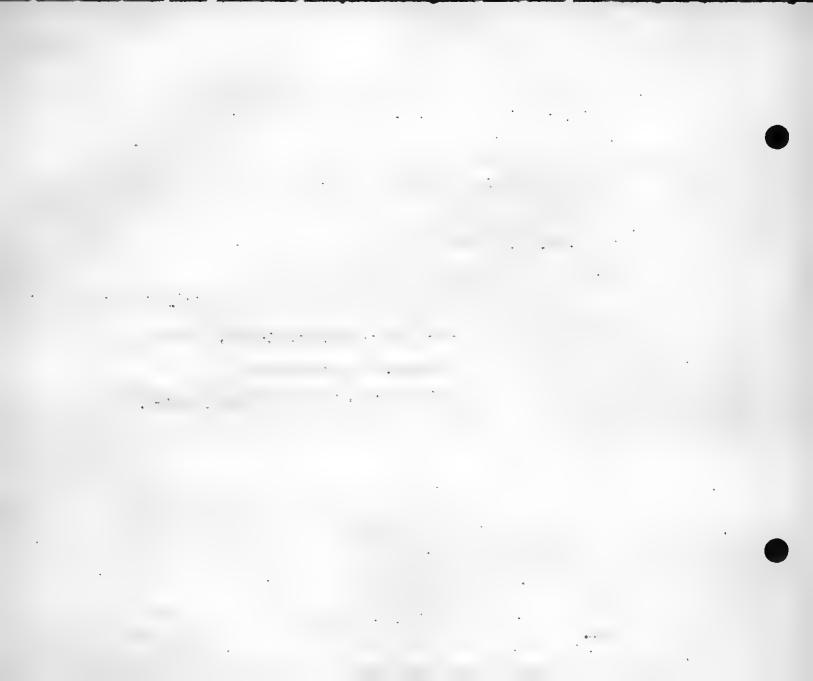
MARYLAND STATE DEPARTMENT OF HEALTH



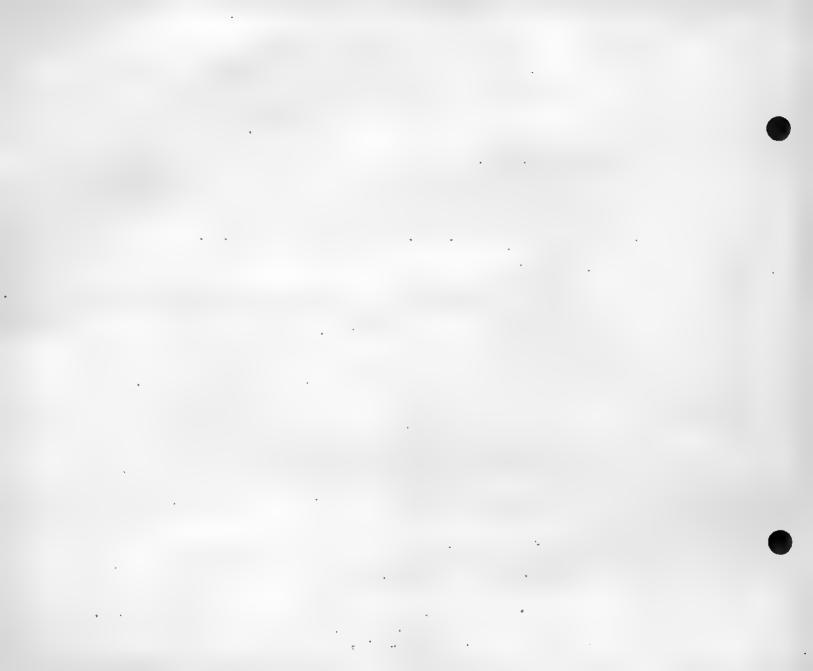
|   | 1,1  | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND   |      |  |
|---|--|--|------|--|
|   | E ECEV   | ) 05589 CERTIFICATE OF DEATH 05587   |      |  |
|   | 24 hours after death. filled in by the funeral apers. Pages 1 and 2 no 72 hours after death.   | 1. PLACE OF DEATH  a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, if institutions residence before admission of the country of the coun | n)   |  |
|   | by the f<br>Pages 1<br>Ins after   | Montgomery  MARYLAND  D. CITY OR TOWN (if outside corporate limits,   C. LENGTH OF STAY IN 1b   C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town  | (n)  |  |
|   | Page<br>Page<br>ours   | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Be thesda.  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Be thesda.  4 days—  No. Chevy Chase  | ")   |  |
|   | hot hot is 2 hot 2 hot 2 hot 2   | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)   d. STREET ADDRESS   e. IS RESIDEN   | ÇE   |  |
|   |  | Suburban Hospital 3801 Toverness Drive YES No  | _    |  |
|   | executed within 24 hours at and completely filled in by tremove carbon papers. Page in any event, within 72 hours a  | 3. NAME OF First Middle A Last 4. DATE Month Day Year  | N-My |  |
|   | ed w   | (Type or print) SANE P. MCCALLUM DEATH 4/17 19 66  | 98   |  |
|   | execute<br>and co<br>remove<br>1 any ev  | Iast birthday) Months Deys Hours Mil   |      |  |
|   | e remain   | 10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT   | _    |  |
|   | nysiere be e   | Home-maker Washington, D. C. II. S. A.   |      |  |
|   | ficat<br>part<br>part<br>oval,   | 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME   |      |  |
|   | nding phy<br>Then ph   | James J. Halloran Flizabeth Savage 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address   | _    |  |
|   | The law requires that the death certificate be or attending physician. Sate has been signed by the attending physician use as the burial-transit permit. Then please saith prior to burial, cremation, or removal, and it  | (Yes, no, or unknown) (If yes give war or dates of service) 214-54-7089 Husband Daniel Same  |      |  |
|   | the ation  | 18. CAUSE OF DEATH FENter only one cause per line for (a), (b), and (c).]  INTERVAL BETWEE ONSET AND DEATH   | N    |  |
|   | t the  | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  My reactive Automatical Automatical Properties  ONSET AND DEATH  ONSET AND DEATH   |      |  |
|   | tha<br>ysicii<br>gned<br>ial-tr<br>ial, (  | Total DUE TO BATTO   |      |  |
|   | ophics of the single si | Conditions, if any, which gave rise to immediate (b) (b) (c) Security (c) (b)  | rs   |  |
|   | nding<br>been the  | cause (a), stating the DUE TO underlying cause last.   |      |  |
|   | e law requires that the attending physician, e has been signed been as the burial-tranth prior to burial, cre  |  | γ=   |  |
|   |  | AES NO [   |      |  |
|   | PHYSICIAN: The the hospital or a this certificate detached for use Dept. of Health   | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMED?  YES NO [  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   |      |  |
|   | fysic<br>e ho<br>his c<br>tach<br>Dept   |  |      |  |
|   |  | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  While p.m. 19 at work at work  |      |  |
|   | OR ATTENDING be retained by OIRECTOR: After ge 3 should be ed with the Stat  | 21. I certify that (I) (this hospital) attended the deceased from kine 1953 to hell 7, 1966 that (I) (we) la   | est  |  |
| _ | etair<br>TOR<br>Shou   | saw the deceased alive on fifty 17 19 6 and that death occurred at M, from the causes and on the date stated about   | /e.  |  |
|   | y be retained<br>y be retained<br>DIRECTOR: At<br>age 3 should<br>lied with the S  | 22a. SIGNATURE  M.D. ATTENDING MED. STAFF DIRECTOR PHYS.   22b. DATE SIGNED  |      |  |
|   | _ > _ e _  | 22c. PHYSICIAN'S NAME (Type)  M.D. PHYS. DIRECTOR PHYS.    22d. ADDRESS  | _    |  |
|   | O HOSPITAL<br>Page 4 may<br>of FUNERAL I<br>director, pag<br>should be fill  |  | =    |  |
|   | O HOSPITA Page 4 ma O FUNERAL director, p  | 236. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)   |      |  |
|   |  | 24. FUNERAL DIRECTOR - 5-1 (2.4. & DOBRESS) 1/1/ 252. REC'D BY REGISTRAR 25b/ REGISTRAR'S SIGNATURE  | _    |  |
|   | VR AI5 (4)   | Harthar Wallers washington SC 200120APR 20 1966 Johnson Judge  |      |  |
|   | 20M 1/65   |  | =    |  |



| à. | 1  | M  | MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  |
|----|--|--|--|
|    | 4 5  | ٠٠/ ٢٠٠٠   | CERTIFICATE OF DEATH ()5588  |
|    | 24 hours after death   | death 2  | 1. PLACE OF DEATH  a. COUNTY  a. COUNTY  b. coulty  b. county  |
|    | ie ie  | Te I   | Montgomery Maryland Montgomery   |
|    | afe af   | Pages 1 tours after of   | with allege and give nearest town.   |
| _  |  | hours 2  | Silver Spring D. O. A. Wheaton /   |
|    | 24 hour  | 12 Z   | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  Holy Cross Hospital  e. Is RESIDENCE ON A FARM?  2025 Henderson Ave.  |
|    |  | E in C   | YES NO ES  |
|    | executed within  | event, withi   | DECEASED OF  |
|    | to de  | event,   | 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 18. DATE OF BIRTH 19. AGE (19 Vers   FUNDER 1 YEAR IIF UNDER 24 HRS  |
| -  | 10   | remove n any eve   | M WIDOWED DIVORCED 4/22/14 last birthday) Months Days Hours Min.   |
| 4  |  | in a   | 10a, USUAL OCCUPATION (Give kind of work done   10b, KINO OF BUSINESS OR   11, BIRTHPLACE (County & State, or foreign country)   12, CITIZEN OF WHAT   |
|    | be be  | and  | during most of working life, even if retired) industry electrical act. Tech. Government Shawmutt, Penna. US  |
|    | CIII.  | 1 E  | 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME   |
|    | erti   | の間子  | Timothy Francis McCarthy Laura Gresh   |
|    | h Ci   | £ . 5 ≒  | 15. WAS DECEASED EVERTNUS. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unknown) (Ifyes give war or dates of service)  2025 Henderson Avenue  |
|    | aw requires that the death certificate bettending physician. | Leans, permit. Then please in cemation, or removal, and in Warrington for the control of the control of the cemation of the cematical of the c | No None 071-01-3769   Esther McCarthy Wheaton, Maryland  |
|    | e +  | S.t.   | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  INTERVAL BETWEEN ONSET ANO GEATH  |
|    | at t   | G G Tan  | PART I. DEATH WAS CAUSED BY: Arteriosclerotic heart disease, manifest by   |
|    | s till<br>nysio  | the burial-trans.it or to burial, crema  | 7 X O / OUE TO   |
|    | ulre<br>g ph   | Z Z Z  | Conditions, if any, which gave rise to immediate (b) 1) Coronary atherosclerosis   |
|    | w requires that the ending physician.                        | Prior the  | cause (a), stating the DUE TO underlying cause last. (c) 2) Thrombosis, anterior descending branch of  |
|    |  |  | LOTT COPODARY  |
|    | The  | for use as the Health prior  | THY TAPIO SCIENCIS YES X NO [  |
|    | AN;<br>pital   | hed for use<br>t. of Health  | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES X NO  DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)  B CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |
|    | STIAN:<br>hospita  | it ee  |  |
|    | the  | detached te Dept. of   | 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While Not While at work at |
|    | 5 5 5  | should be de dith the State  |  |
|    | DR ATTENDI<br>be retained                                    | 語る   | 21. I certify that (I) (this hospital) attended the deceased from 1975, to 4-18, 1966, that (I) (we) las   |
|    | ATTI   | ts #E  | saw the deceased alive on 4 1966, and that death occurred at 7 40M, from the causes and on the date stated above   |
|    | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2                      | ed se  | 6 AM CALMARK M.O. ATTENDING MEO. STAFF DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIRECT |
|    | 4 may  | director, page 3 should should be filed with the   | 22c PHYSICIAN'S  |
|    | nosmial<br>age 4 ma)   | [ / 출흥   | NAME (Type) E.H. Aschen Bach 1841 Collid. NW   |
|    | Page   |  | 23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  |
|    | F F  | 4  | Burial 12 April 1966 St. John's Cemetery Silver Spring, Maryaland  |
|    | 1  | W DY   | Varner E. Pumphrey, Inc. Silver Spring. Md. APR 13 1966 Klinder Sulfix.  |
|    | VR A).<br>20M  |  | Warner (. Pumphrey, Inc. Silver Spring, Md. DAFR 13 1966) forthe grayes  |
|    |  |  |  |

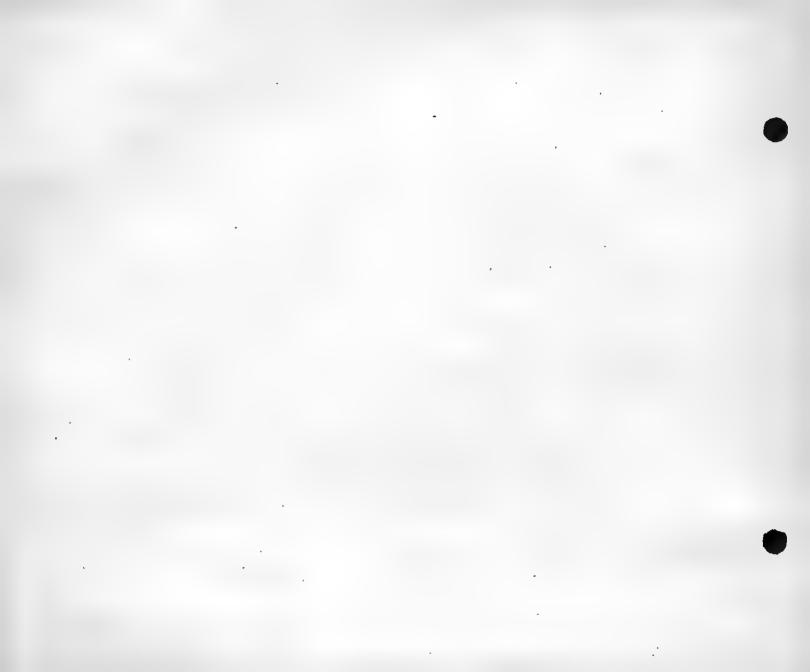


AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 24 hours after death and 1. PLACE OF OEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Montgomery Montgomery Maruland MARYLANO b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Silver Spring month Silver Spring E filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET AOORESS event, within 72 8900 Sudbury Rd Cross Hospital YES NO K within etely carbon 3. NAME OF DECEASED DATE Middle Month Oav Year OF DEATH comple (Type or print) 1966 executed grove 6. COLOR OR RACE OATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdey) Months | Days | Hours | Min. 8. 7. MARRIED NEVER MARRIEO Months and June 23 WIOOWED K OIVORCEO [ and in 10a. USUAL OCCUPATION (Give kind of work done ) 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? death certificate be during most of working life, even if retired) INDUSTRY Patent() Washington, D. attending physic ermit. Then plea Supervisor 13. FATHER'S NAME MOTHER'S MAIDEN NAME гетоуа John R. Catherine A. Roche Brosnan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Venice Driv transit permit. (Yes, no. or unkewn) (If yes give war or dates of service) None Silver Spring INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c), ial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) been signed burial-t OUE TO Conditions, If any, which gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTOPSY E TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate YES [ NO 2Da. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) detached for the Dept. of A this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work p.m. 1966 TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last and that death occurred at 577M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. OATE SIGNED ATTENOING OIRECTOR O HOSPITAL 22d, ADDRESS 22c. 23a. BURIAL, CREMATION.I CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) Vashinaton 966 Olivet ('emeteru 25a. REC'D BY REGISTRAR! 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADORESS** Inc. VR A15 (4) wer spring.

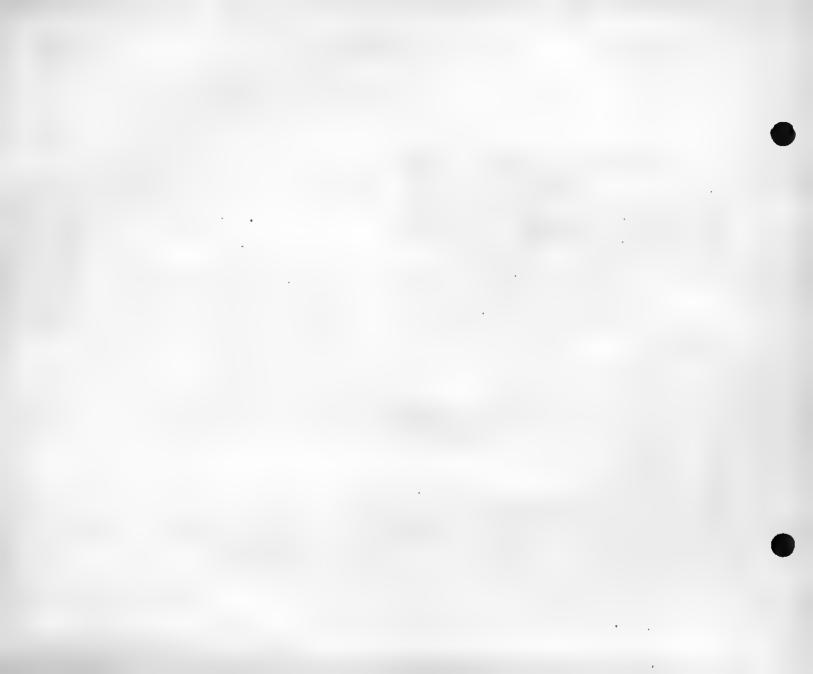


MARYLAND STATE DEPARTMENT OF HEALTH ISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Montgomery the fi Montgomery Maryland after MARYLANO Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ Rockville Rockville Ξ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET AOORESS IS RESIDENCE ON A FARM? Charen Lane Charen Lane = NO 38 YES T completely i withi death certificate be executed within 3. NAME DE First Middie Last 4. DATE Month Оач DECEASED 19 66 JOHN. J. McCARTHY April (Type or print) DEATH 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR HE UNDER 24 HRS. 7. MARRIEO [ NEVER MARRIED last birthday) nding physician and care Then please removal. Months Hours Male White Jan. WIDOWED X DIVORCED [ .1900 66 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY GOV COUNTRY? S U. Michigan Retired 13. FATHER'S NAME MOTHER'S MAJOEN NAME attending i irmit. Then Murthy McCarthy Anna Harrington 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Son been signed by the atten the burial-transit permit. It to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) Item 2. Same as John INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), I. OEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating as th underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate CAT DESCRIBE HOW INJURY OCCURRED (Enter province of Injury in Part I or Part II of Item 18.) NO 133 YES [ CERTIFIC 20a, ACCIDENT WAS UNDERLYING F his certil stached f Dept. of OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work OR ATTENDING F After ATTENDING 19 at work the S 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the and that death occurred at AMM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF M.D. HOSPITAL O PHYS. PHYS FUNERAL ( Irector, pag nould be fill 22c. PHYSICIAN ADORESS NAME (Type) Georgia Ave. Maryland direct 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. LOCATION (City, town or county) (State) REMOVAL (Specify) 2 Arlington, Arlington Natl Cem. 4-19-66 Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Bethesda, Maryland VR A15 (4) 20M 1/65

| 1  | N/A                        | N             | Items 18-21 Film G37MARYLAND STATE DEPARTMENT OF HEALTH  |
|--|----------------------------|---------------|--|
| S rop i  | TATE AND                   | 1             | Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND   |
| HEALTH   | STATE                      | <u>U</u>      | 15593 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (1559)   |
| HEALIN   | DEFI.                      | 1.            | PLACE OF DEATH  a. COUNTY  b. COUNTY  b. COUNTY  b. COUNTY   |
| ≥ <u>~</u> •                                   | Ħe.                        | _/            | Maryland Maryland time (king)  |
| funer<br>funer<br>may 1                        | tane                       | /             | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  write RURAL and give nearest town)   |
| 03 ± E   | Department<br>after death. | $\sim$        | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS   |
| Se St  | tate D                     |               | The shimater Someth with 2219 Tolanda Place ONA FARMI  |
| a de la    | ~~~ <u>@</u>               | 3.            | NAME OF A 1 First MID MID ( Last 4. DATE Month Day Year  |
| 12.24<br>13.24                                 | 12                         |               | DECEASED (Type or print) Jeffery Lynn McCutchan DEATH 4 7 1966   |
| =25  |                            | 5.            | SEX 6. COSON OF RACE 7. MARRIED NEVER MARRIED 48. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS last birthday) Months   Days   Hours   Min.  |
| age.   | NE                         | 2             | n   While   WIDOWED   DIVORCED   1/1-24 - 0 yrs.   |
| with de  | event                      | dur<br>dur    | 1. USUAL OCCUPATION (Giva kind of work done lob. KIND OF BUSINESS OR ling most of working life, even if ratired) INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?   |
| afte<br>G                                      | pages 1<br>in any          | 13.           | FATHER'S NAME  14. MOTHER'S MAIDEN NAME  |
| 5 E 9  | 50 E                       | 7             | norris me cutchin Ola mae merchant   |
| 4 三部   | and and                    | 15            | . WAS DECEASED EVER IN L.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address  |
| 海海に  | yal,                       | (11           | 15, no, or unknown) (If yes give war or dates of service) NONE MAJ MORRIS MCCUTCHIN Sorrel (3) 2 C-D.  |
| Witt<br>Peny<br>Tine                           | permit removal,            |               | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  |
| Era  | 정                          |               | PART I. DEATH WAS CAUSED BY: Massive intraabdominal hemorrhage due to ONSET AND DEATH  |
| Saling Car                                     | burial-tran<br>cremation,  |               | Conditions, If any, which \ laceration of liver and right kidney.  |
| be die   | buria                      |               | gava risa to immediate   |
| should<br>word "<br>Chief I                    | 60                         |               | cause (a), stating the DUE TO underlying cause last.   |
| te sh<br>wo                                    | ed as<br>burial            | NO            | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY REFERENCED?   |
| ficate the the                                 | 35 7                       | CAT           | YES 📉 NO 🗀   |
| - 00 <del>-</del>                              | ld be<br>prior             | CERTIFICATION | 20b. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 of Part 11 of Item 18.) CAUSE OF DEATH.    20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 of Part 11 of Item 18.)   Deceased discipling a cave into sandy embankment which collapsed and crushed him.   |
| R: This cer<br>ate, writin<br>forwarded        | t p                        |               |  |
| R: T   | 3 should agent, p          | MEDICAL       | Q. Meyr a.m. 4/7/ 66 While - Not While to factory, street office bidg., etc.)  |
| ANE THE PER PER PER PER PER PER PER PER PER PE | age                        | ME            | 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion  |
| Should   | CTOR: Page<br>designated   |               | death resulted from: Natural causes Accident 17, Suicide , Homicide , Undetermined manner  |
|  | RECTOR:<br>IRE design      |               | CHIEF MEDICAL EXAMINER   |
| MED<br>eccute<br>Page                          | 0.                         |               | SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED  |
|  |                            |               | EXAMINER'S BELDEN R. 124P M.D. Address (Street, city, town, or county)   |
| o DEPUTY<br>please ex<br>director.             | Hea                        | 238           | BURIAL CREMATION, 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  |
| 日本も  | 2 2                        | 1             | REMOVAL (Specify) 4-11-66 ARLINGTON NATIONAL ARLINGTON VA.   |
|  |                            | 24            | FUNERAL DIRECTOR ADDRESS 250. PEGISTRAR 250. OFFICE CONTROL STORAGE ST |
| VR A   | 1/65                       | W             | W. Chambers Co. RIVERDALE, MP DATE 1 12 1000 F   |



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05592CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission 1. PLACE OF DEATH on papers. Pages 1 and Within 72 hours after deat o. STATE b. COUNTY o. COUNTY MARYLAND outside corporate limits, write RURAL and give nearest tawn) c CITY OR TOWN b. CITY OR TOWN (If outside corporaje mits, c LENGTH OF STAY IN 16 write RURAL and by ve measest fown) e. IS RESIDENCE ON A FARM? filled in I d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS h0 YES and campletely fi 4. DATE 3. NAME OF Lost Month Doy Year OF DEATH DECEASED event, (Type or print) IF UNDER 24 HRS ABR (in years IF UNDER 1 YEAR 8. DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED lost b rthdoy) Months Doys Hours DIVORCED WIDOWED burial, cremation, ar removal, and in any pup 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR COUNTRY? MEDICINE during most of working life, even if retired) ALABAMA BTIHAN 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAM Address IS WAS DECEASED EVER IN L.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, na, ar unknawn). (If yes give war or dates of service INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) ONSET AND DEATH I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial-transit signed by Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying couse director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 1 VOUIC 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20g ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 201. (City or town) (County) (State) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Month, Day, Year Not While factory, street, office bldg.etc.) ot wark at work 1946, that (I) (we) last sow the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS RumD. DIRECTOR 22d, ADDRESS 22c /PHYSICIAN' Laux, B.74 NAME (Type) 23a. BUMAL, CREMATION, 23 NAME OF CEMETERY OR CREMATORY (County) (Stote) 23b. DATE THEREOF BURIAL (Specify) CEMETER 25b. RÉGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 c. 20016

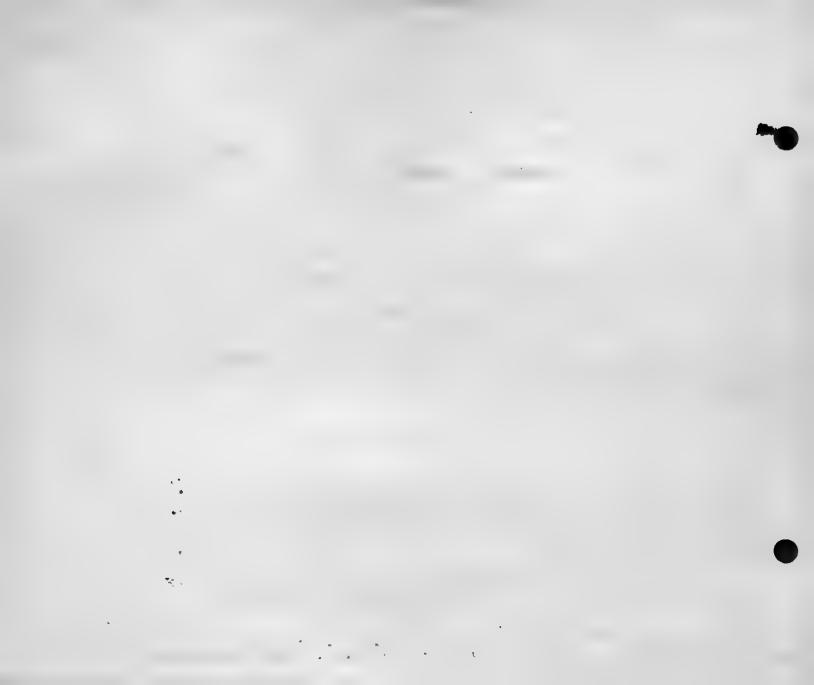


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05595 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death the funeral ages 1 and 2 is after death 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission 1. PLACE OF DEATH o. COUNTY o. STAWashington. D. C.b. COUNTY Montgomery smpletely filled in by the fur ve carban papers Pages i event, within 72 haurs after MARYLAND c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) b CITY DR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest lown Washington 51 days Bethesda (rural filled in papers d NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e 15 RESIDENCE ON A FARM? 753 3rd Street S. W. U. S. Naval Hospital Bethesda. Md. YES NO IX 3 NAME OF Middle 4. DATE Month Dov Year DECEASED McNamara 19 66 30 Patrick Vincent April DEATH (Type or print) IF UNDER 1 YEAR S SEX 6 COLOR OR RACE 7 MARRIED X NEVER MARRIED **B** DATE OF BIRTH AGE ( n years I IF UNDER 24 HRS last b rihday) Hours 10-4-1894 Male Caucasian WIDOWED DIVORCED 11 BIRTHPLACE (County & State, or following country) 10p USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR 12. CITIZEN OF WHAT during most of working the even if retired) Senator/Michigan U.S. Senate U. S. A. North Weymouth, MICANIAN 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending phys permit. Then of burial, crematian, or remay McNamara Patrick Vincent Mary Jane Lyne 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dates of service) 16. SDCIAL SECURITY NO. 17 INFORMANT 3rd Street S. W. 753 Mary L. McNamara Washington. D. C. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH Carcinoma Prostate disseminated IMMEDIATE CAUSE (o) TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO 5-6 years Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying couse as the  $\{\varepsilon\}$ PERFORMED?
YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) State Dept. of Health ja 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or fown) (Stote) 20d INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that (I) (this hospital) attended the deceased from March 10 , 19 66, to 30 April , 19 66, that (I) (we) loss saw the deceased alive an 30 April 19 66, and that death accurred at 840 PM ram causes and on the date stated above 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR STAFF PHYS. 1 May 1966 M.D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type)M. W. VOSS CDR MC USN U. S. Naval Hospital . Bethesda, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (County) (Stote) 230. BURIAL, CREMATION REMOVAL (Specify) Mount Olivet Detroit Michigan 5-2-1966 2Sb REGISTRAR'S SIGNATURE 5130 Wiscomsin Avenue 25a. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Washington, D. C. Joseph Gawler & Sons

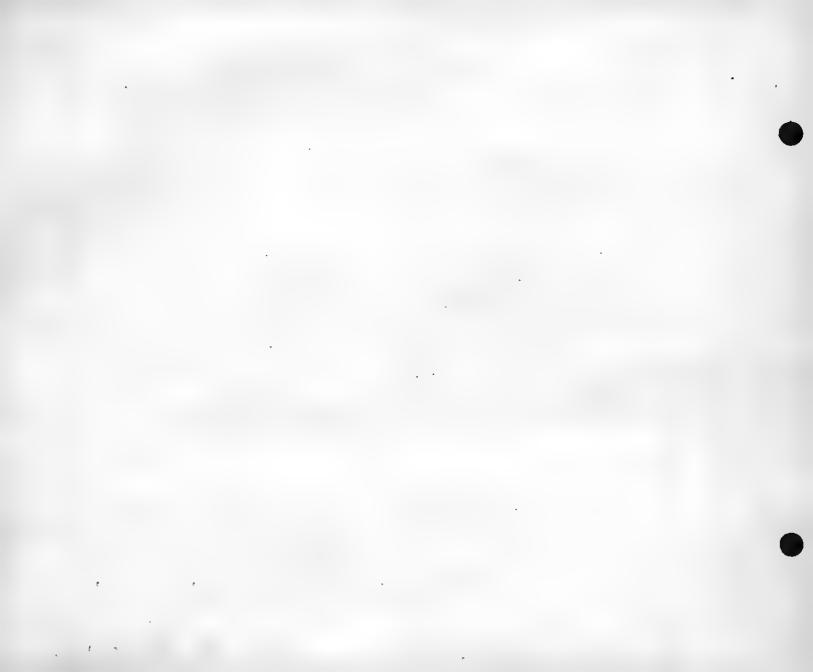


|               | DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND   |  |
|---------------|--|--|
|               | 05596 CERTIFICATE OF DEATH   | 05594  |
| 1             | PLACE OF DEATH   | slitution: Residence before admission  |
|               | MONIGOMENY 6. COUNTY   |  |
| _             | b. CITY OR TOWN III outside corporate limits, Write R  | URAL and give nearest lower  |
|               | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS   | ensington Mar  |
|               | d. STREET ADDRESS  | ON A FARM?   |
| 3.            | NAME OF First Mirelle Last 4. DATE Month   | Day Year   |
|               | DECEASED (Type or print)  MARY FRANCES MC NEIL  OF DEATH And   | 78Th 1966  |
| 5.            | a management of the second of  | FUNDERY YEAR IF UNDER 24 HRS.  |
| 100           | Town le 1 WILL WIDOWED DIVORCED 1 Tol. 1 - 1979 1 88 yrs.  |  |
|               | . USUAL OCCUPATION (Give kind of work adult) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country)  | 12. CITIZEN OF WHAT COUNTRY!   |
| 13            | FATHER'S MANE  | The state of the s |
|               | Christian Henry Williamson Dorges Walter   |  |
| 1             | S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address Yes, no, pr, unkown   [Illyes give webordates of service]  | and the same   |
| _             | No 577-03-1060 Trances Mileil Bezdek-10422+  | awcell St. Keisington, his   |
|               | PART I. DEATH WAS CAUSED BY:   | INTERVAL BETWEEN   |
|               | IMMEDIATE CAUSE (a) DUE TO   | 1 20.  |
|               | Conditions, if any, which ) (b)  | 5 days   |
|               | gave rise to immediate cause (a), staling the underlying DUE TO  | 400  |
|               | causo last. (c) though free many   | 7-1days  |
| CEKTURICATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN  | PERFORMED?   |
| 20            | ia. ACCIDENT WAS UNDERLYING \(  20b. DESCRIBE HQW INJURY OCCURRED PEN in nature of injury in Port I or Part II of item 18.)  | UZE YES NO N   |
|               | 20a. ACCIDENT WAS UNDERLYING _ 20b. DESCRIBE HOW INJURY OCCURRED FAIr nature of injury in Port I or Part H of item 18.) OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |  |
| <b>1</b>      | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY [Home, farm, 20f. (City or town) factory, street, office bldg., etc.)   | (County) (State)   |
| MEDI          | p.m. 19 at work at work  |  |
|               | 21. I certify that (1) (this hospital) attended the deceased from 1965 to affect 20  | , 19 (Gethat (I) (we) last   |
|               | saw the deceased alive on class and that death occurred at 45M. Trom the causes and the signature of the sig | d on the date stated above.  |
|               | John K. Spencer M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D   | 4-28-66 SIGNED   |
|               | 22c. PHYSICIAN'S  NAME (Type) TOTAL TO CONTROL TO CONTR | 44   |
|               | JUHN R. SPENCER BURTONSVILLE   | MD.  |
| 2             | Burial (Specify)  Burial 5-2-1966    23c. Name of CEMETERY OF CREMATORY   23d. LOCATION (City, fown Burial   5-2-1966   Parklawn Cemetery   Rockville,   | or county) (State)   |
| 24            | NIMERAL DIRECTOR'S SIGNATUREADDRESS 25a. REC'D BY REGISTRAR   25b. REC'D   |  |
|               | Joseph Gawler's Sons, Inc. Wisc. Ave NW . MAY 2 1968 CC  | iarles Judge   |
|               |  | 0-0-   |

B. B. .



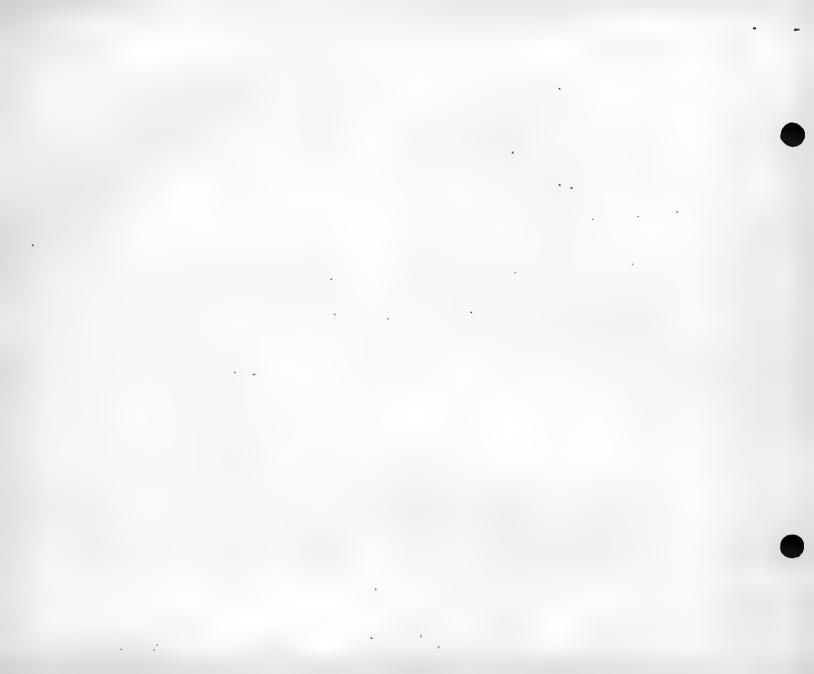
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05597 CERTIFICATE OF DEATH 24 haurs after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) " COUNTY MONTGOMERY MARYLAND MONTGOMERY b CITY OR TOWN (If outside comporate limits, write RURAL and give nearest town) c. TENGTH OF STAY IN 16 c. CITY OR TOWN (If auts de corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) DILVER SPRING d. STREET ADDRESS IS RESIDENCE ON A FARM? MARKI YES NO 🔀 3 NAME OF DECEASED 4 DATE Doy (Type or post) DEATH ENCE IF UNDER 1 YEAR SEX B. DATE OF BIRTH 9. AGE (In feors I IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthdoy) Doys DIVORCED and in any IGo USLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
Housewife INDHISTRY COUNTRY ? 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAM RANCIS HARRIET 16. SOCIAL SECURITY NO INFORMANI Address (Yes, no, or unknown) (If yes give wor or dates of service) 126-09-1415 IB. CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X TO FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING [] 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBLTING CALSE OF DEATH (IF EITHER, NOTIFY MED CAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bidg, etc.) Hour o.m. Not While 21. I certify that (1) (this hospital) attended the deceased from thank 2719 6 to Usaak 2 19 6 that (1) (we) last saw the deceased alive an Citha 19 66 and that death accurred at 12 M, from causes and an the date stated above. 22a SIGNAFURF 22b. DATE SIGNED ATTENDING M.D. DIRECTOR Tenley Building, Rockville, 22c. PHYSICIAN'S Bowditch Hunter. Ur. NAME (Type) 230. BURIAL CREMATION 23h DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) BENOVA (Specify) 4/23/66 Ivy Hill Alexandria. Virginia 1331 Rockville Rockville 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Tyson Wheeler ockville, Maryland



| 1 (M   | MARYLAND STATE DEPARTMENT OF HI DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON S   | EALTH TREET, BALT!MORE 1, MARYLAND   |
|--|--|--|
| ج ہم ج   | 05598 CERTIFICATE OF DEATH   | 05596  |
| after death. the funeral ges I and 2 after death   | 1. PLACE OF DEATH a. COUNTY a. STATE   | where deceased lived, If Institution: Residence before admission)  b. COUNTY                     |
| rs after<br>by the f<br>Pages 1<br>urs after   | MONTEOMERY MARYLAND MARYLAND MARYLAND  | land mont-goinery  |
| irs a py Page  |  | ide corporate limits, write RURAL and give hearest towh)   |
| 24 hours a filled in by papers. Pagin 72 hours   | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS   | e. IS RESIDENCE  |
| Page 17/   | Washington Senitorium y Hospital 7900 Wildu  | ON A FARM? YES ND X  |
| executed within 24 horange carbon papers, I any event, within 72 h   | 3. NAME OF DECEASEO   Middle Last 4.   | OATE Month Day Year  |
| ed v   | (Type or print) William Wonald Medvee 5. SEX 6. COLOR OR RACE   7. MARRIED NEVER MARRIED   8. DATE OF BIRTH  | OEATH // 196 6   |
| xecut  | MIDOWED DIVORCED 5-24-/8   | 9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS   Hours   Min.                                  |
| be ex  |  | & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?  |
| icate be e<br>physician<br>n please  | Asst. Director Art Dept Michiga  | n USATO  |
| certifica<br>Iding ph<br>Then  <br>removal   | 13. FATHER'S NAME  | IAME Sola to   |
| cerl<br>ren  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give waz or dates of service)  | Address  |
| ie death certific<br>the attending F<br>it permit. Then<br>nation, or remov  | (Yes, no, or unkown) (If yes give war or dates of service)  WW 2. Army unknown  Record   | U  |
| at the deat<br>ian.<br>d by the at<br>ransit pern<br>cremation,  | 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]  | INTERVAL BETWEEN ONSET AND DEATH   |
| s that the<br>ysician.<br>igned by<br>ial-transii  | PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Cuchusa + Cusumus  | ~  |
| law requires that the death certificate attending physician.  has been signed by the attending physical as the burial-transit permit. Then ple, herior to burial, cremation, or removal, and the second of the control o | Conditions, If any, which ) OUE TO Multiple Mullim   | 16/2   |
| ang present to b   | gave rise to immediate cause (e), stating the DUE TO   |  |
| Fig 88 en ₩  | underlying cause last. (c)   |  |
| ICIAN: The la lospital or att certificate hithed for use of the last of the la | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUTNOT RELATED TO THE TERMINAL DISEAU DE CONTRIBUTING TO OEATH BUTNOT RELATED TO THE TERMINAL DISEAU DE CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO OEATH BUTNOT RELATED TO THE TERMINAL DISEAU DEATH OR CONTRIBUTING TO OEATH BUTNOT RELATED TO THE TERMINAL DISEAU DEATH OR CONTRIBUTING TO OEATH BUTNOT RELATED TO THE TERMINAL DISEAU DEATH OR CONTRIBUTING TO OEATH BUTNOT RELATED TO THE TERMINAL DISEAU DEATH OR CONTRIBUTING TO OEATH BUTNOT RELATED TO THE TERMINAL DISEAU DEATH OR CONTRIBUTING TO OEATH BUTNOT RELATED TO THE TERMINAL DISEAU DEATH OR CONTRIBUTING TO OEATH DUTNOT RELATED TO THE TERMINAL DISEAU DEATH OR CONTRIBUTING TO OEATH OR CONTRIBUTING TO OEATH DUTNOT RELATED TO THE TERMINAL DISEAU DEATH OR CONTRIBUTING TO OEATH DUTNOT RELATED TO THE TERMINAL DISEAU DEATH OR CONTRIBUTING TO OEATH DUTNOT RELATED TO THE TERMINAL DISEAU DEATH OR CONTRIBUTING TO OEATH DUTNOT RELATED TO THE TERMINAL DISEAU DEATH DUTNOT RELATE | PERFORMED?   |
| ital C<br>for for THE  | 20a. ACCIDENT WAS UNDERLYING []   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury   | YES NO YES NO YES NO   |
| PHYSICIAN: the hospital this certific detached for e Dept. of He   |  |  |
| Det the Park   | 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   While at work   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   | 20f. (City or town) (County) (State)   |
| क्रंड के ब्रह्   |  |  |
| ATTEND!:<br>retained<br>retained<br>CCTOR: A<br>s should<br>with the \$  |  | to <i>legared 11</i> , 19 66, that (1) (we) last M, from the causes and on the date stated above |
| S SF With With   | 222. S)GNATURE   | 22b. DATE SIGNED   |
| ay be and both and be a |  | CTOR   STAFF   Opril 11 1966   |
| HOSPITAL age 4 may FUNERAL irector, pag tould be fill  | PHYSICIAN'S NAME (Type) TAMES H. NELSON, 22d. ADDRESS 7600 CAR   | POLL AVE TOROMA PARK DU  |
| O HOSPITAL OR ATTENDIN<br>Page 4 may be retained<br>o FUNERAL DIRECTOR, Af<br>director, page 3 should is<br>should be filed with the S   | 23a. BURNAL, CREMATION, 23b. DATE THEREOF   23c./NAME OF CEMETERY OF CREMATORY   1.2   | 30/ LOCATION (Gity, town or (gounty) (State)   |
| 5 <sub>0</sub> 5 <sub>0</sub> %  | Burel april 14-1966 Get Head Connettery  | iggs fack files. Ill.  |
| 131  | 24. FUNERAL DIRECTOR 14 254 CONTRADORESS TO W. 25ad REC'D B  | YREGISTRAR 25b. REGISTRAR'S SIGNATURE  |
| VR A15 (4) 20M 1/65  | Junear Washington Lot 200/2001 PH 1  | 3 1966   |



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05599 0550° The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) COUNTY o. STATE .b. COUNTY MARYLAND untromers OR JOWN (If outside carparate limits, write RURAL and give nearest lawn) ITY OR TOWN (If autside carpopate imits, C LENGTH OF STAY IN 16 write RURAL and give nearest fawn) d STREET ANDRESS e. IS RESIDENCE ON A FARM? NAME OF HOSPITAL OR INSTITUTION At not in hospital, give street address) YES TO NO 🗵 letely farban NAME OF 4 DATE First Middle Lest Month Doy Year DECEASED OF DEATH 1960 (Type or print) 6 COLOR OR RACE DATE OF BIRTH IF JNDER 1 YEAR IF JNDER 24 HRS. 7 MARRIED NEVER MARRIED 9. AGE (In years last birthday) Days Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10a USUAL OCCUPATION (Give kind at work dane 12 CITIZEN OF WHAT SIRTHBLACE (County & Stote, or foreign country) during most at warking life, even if retired) INDUSTRY 13. FATHER SENAME WAS DECEASED EVER IN U. S. ARMED FORCES? 36. SOCIAL SECURITY NO INFORMANT (Yes na or unknown) ((If yes give war ar dates of service 1B. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c).) NTERVAL BETWEEN ONSET AND DEATH burial-transit PART I, DEATH WAS CAUSED BY DIOVASCULAR IMMEDIATE CAUSE (o' signed by 21145 DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) FICATION O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year (County) Haur a.m. Not While factory, street, affice bldg., etc.) While at work L 21. I certify that (I) (this haspital) attended the deceased from APRIL 18 ., 19<u>66</u>, ta APRIL 19, 19<u>66</u>, that (I) (we) last 8 19 66, and that death accurred at 120 HM, from causes and on the date stated above. saw the deceased alive an 22a SIGNATURE 22b. DATE SIGNED ATTENDING. DIRECTOR 22d, ADDRESS 22 PHYSICIAN'S NAME (Type) directar, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION 23b DATE THEREOF (County) (State) Burial (Specify) Virginia Arlington National Arlington, 4/22/66 Rockvictor Pike 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25g REC'D BY REGISTRAR kville. VR A15 (4) Tyson Wheeler



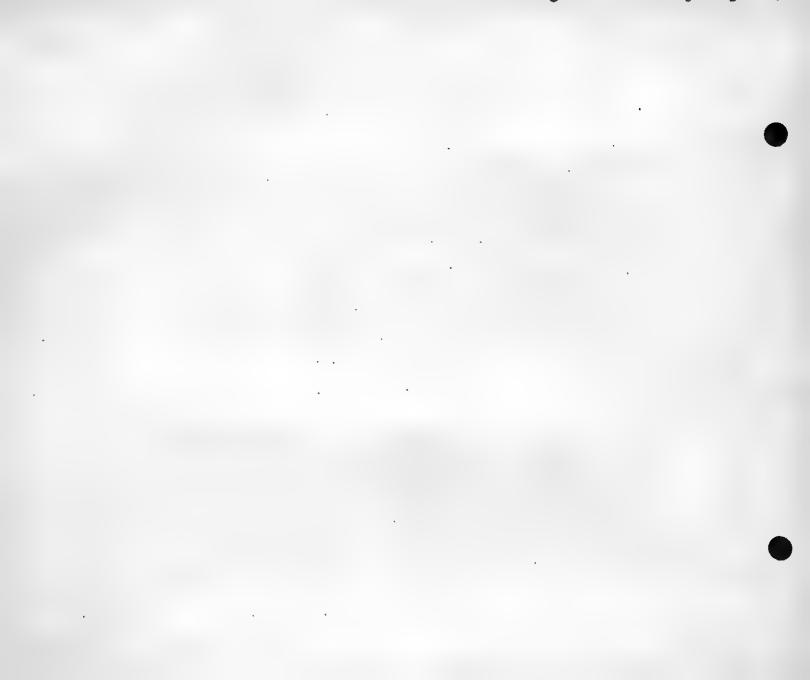
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in apprevent, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65 DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

|  | - 0  | 1135345                   |
|--|--|---------------------------|
| 1. PLACE OF DEATH a. COUNTY MONTGOMERY MARYLAND  | 2. USUAL RESIDENCE (Where deceased lived, If Institution: I    | /                         |
| b. CITY OR TOWN (If outside corporate limits,  write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b   | c. CITY OR TOWN (If outside corporate limits, write RURAL      |                           |
| ROCKVILLE  | SILVER SPRING  | 1                         |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   | d. STREET ADDRESS  | 1 B. IS RESIDENCE         |
| POTOMAC VALLEY NURSING HOME  | 2028 LANIER DRIVE  | ON A FARM? YES NO.        |
| 3. NAME OF First Middle  | Last 4. DATE Month   | Day Year                  |
| (Type or print) INE7 BATES   | MILLER DEATH 4-  | 9 1966                    |
| 5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   | 8. DATE OF BIRTH   9. AGE (In years   IF UNDER                 | 1 YEAR HE LINDER 24 HRS   |
| FEMALE CAUCASIAN WIDOWED DIVORCED  | 3-30-85   last birthday)   Months                              | Days Hours Min.           |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY ARMY JAYY   | _ C  | ITIZEN OF WHAT<br>OUNTRY? |
| PÉCRITTREY - TRÉASURIE + AIR TORIE RÉGISSER  | WASHINGTON, D.C.   | U.S.A.                    |
| IS. PAINER'S NAME  | 14. MOTHER'S MAIDEN NAME                                       |                           |
| CHARLES PREDERICK MILLER   | EJELYN BATES   |                           |
| (Yes, no, or unkown) ((If yes give war or dates of service)  |  | mE AS                     |
| 140 - 578-01-3670 MA   | 25 MARION PARQUHAR # 2   | ABOVE.                    |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).)  |  | INTERVAL BETWEEN          |
| PART I. DEATH WAS CAUSED BY: Corebrel taron  | eboon'   | ONSET AND DEATH           |
|  | 0  | 11                        |
| Conditions, If any, which ) DUE TO a vieno sclarosis   | - generelijeil   | Mean                      |
| gave rise to immediate cause (a), stating the DUE TO   | 00.1-  |                           |
| underlying cause last. (c) What met  | alue   | 10 year                   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA   | ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)      | 19. WAS AUTOPSY           |
| ICA I  |  | PERFORMED?                |
| 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU   | URRED. (Enter nature of injury in Part I or Part II of Item 18 |                           |
| 203. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCCU<br>OR CONTRIBUTING   CAUSE OF DEATH<br>(IF EITHER, NOTIFY MEDICAL EXAMINER)   |  |                           |
|  | ACE OF INJURY (Home, farm, 20f. (City or town) (Cou            | inty) (State)             |
| Hour a.m. While Not While p.m. 19 at work at work  | ory, street, office bldg., etc.)                               |                           |
|  | 1060 4 4 - 9 106   |                           |
| 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 4-9 1966 and that  |  | , that (I) (we) last      |
| 22a, SIGNATURE 22a, S | t death occurred at 41.30 M, from the causes and on t          | NE DATE STATED ADOVE.     |
| C. Hannet Mist   | ATTENDING MED. STAFF   | -9-6G                     |
| 22c. PHYSICIAN'S NAME (Type) / 2. HAMMOND MIJH   | 22d. ADDRESS   | v,w                       |
| 23a. BURIAL, CREMATION, 23b., DATE THEREOF   23c. NAME OF CEMETER)   | Y OR CREMATORY   23d. LOCATION (Csty, town or cou              | unty) (State)             |
| REMOVAL (Specify)  | 1) / (   | MAPLIALD                  |
| 24. FUNERAL DIRECTOR ADDRESS   | - CEMETER   DUIT LAW D   |                           |
| JOSEPH GAWLER'S SONS, INC. 5130 WISE   | The NO ADD 10 10CC OCCUPANT                                    | as Judal                  |
| LUOSEPH GHWLER J JONS, INC. WASH. D.C  | C. DATE 1 1 1 4 1300   | 10                        |



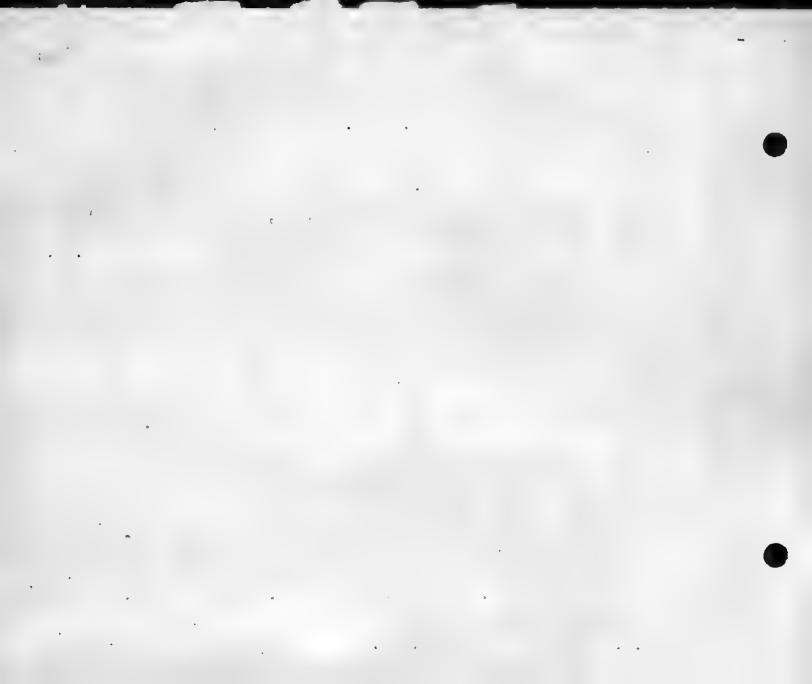
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death. death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY a. STATE after Montgomerv MARYLAND West Virginia b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) Page oon papers. Pag within 72 hours filled in Bethesda Petersburg d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. 15 RESIDENCE ON A FARM? Route #1 Clinical Center, Bethesda, Marvland YES K NO Box 38B completely ve carbon p within NAME OF Month Middle Last OATE Year DECEASED OF DEATH event, (Type or print) 66 Trisa Mongold April 19 Lvnn executed 6. COLOR OR RACE | 7. MARRIED 5. SEX AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS | last birthday) | Months | Days | Hours | Min. DATE OF BIRTH 9. NEVER MARRIED W and WICOWED DIVORCEOF Female January 1966 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician certificate be during most of working life, even if retired) INDUSTRY COUNTRY? None West Virginia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME OR. After this certificate has been signed by the attending hould be detached for use as the burial-transit permit. Then he state Dept. of Health prior to burial, cremation, or remor Carol Sites James Mongo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Records death (Yes, no, or unkown) | (If yes give war or dates of service) The Clinical Center, Bethesda, Maryland None INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), ] PART 1. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. Tracheal mucous plug minutes 3362 DUE TO since birth Conditions, if any, which (b) Weak respiration and cough gave rise to immediate OUE TO cause (a), stating the Infantile spinal muscular atrophy since birth underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES X NO [ 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Oav. Year 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While - Not While be retained by at work at work director, page 3 should should be filed with the 21. I certify that OK (this hospital) attended the deceased from 19 March 19 66, to 3 Appil . 19. 66 that 🕷 (we) last \_\_\_19\_\_66, and that death occurred at 9:20 saw the debeased alive on M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. 4 April 1966 MED. OIRECTOR M.D. Page 4 may director, pag should be file Center, National 22c. PHYSICIAN'S 22d. AOORESS The Clinical NAME (Type) Jon D. Dorman, M.D. Institutes of Health. Bethesda, Maryland BURIAL, CREMATION, REMOVAL (Specify) 23b. OATE THEREOF (State) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 1966 North Mill Creek Cem. W. Va. Apr 6. Dorcas uria. 25b. REGISTRAR'S SIGNATURE PUNERAL DIRECTOR AOORESS 25a. REC'O BY REGISTRAR I VR A15 (4) Fairfax. Va. 15M 4-64



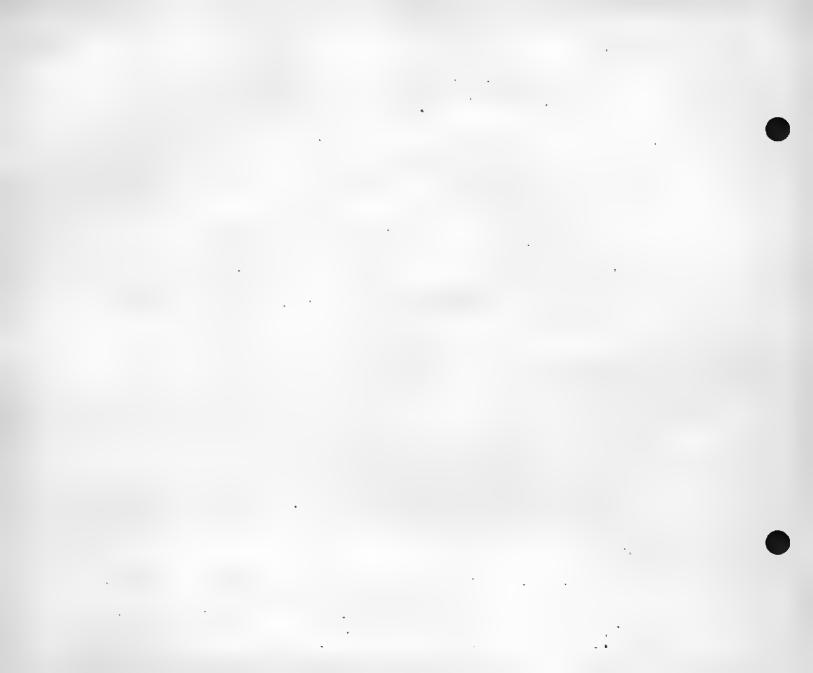
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. death. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE DE DEATH b. COUNTY hours after by the MARYLAND If outside corporate limits, write RURAL and give agarest town b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 1b c. CITY OR TOWN ( .≡ e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? 24 No. YES executed within completely DATE DF DEATH Day NAME DE First Mon Middle DECEASED 19 (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. DATE OF BIRTH SEX 6. COLOR OR RACE 8. 9. 7. MARRIED NEVER MARRIED Last birthday) Months I Davs Hours I and ( 3 18 an WIDOWED DIVORCED VIS. 12. CITIZEN OF WHAT 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) Ξ 10b. KIND OF BUSINESS OR physician COUNTRY? PHYSICIAN: The law requires that the death certificate be -HIDUSTRY ah ιa M SUMANCE FATHER'S NAME hsuna nce Then pl MOTHER'S MAIDEN NAME 14. been signed by the attending the burial-transit permit. Then it to burial, cremation, or remo in 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. | 17. (Yes, no, or unkown) | (If yes give war or dates of service) JEDWA INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. **DUE TO** Conditions, If any, which (b) rise to Immediate DUE TO (a), stating underlying cause last. has 19. WAS AUTOPSY CERTIFICATION PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAXED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) PERFORMED? use detached for use e Dept. of Health this certificate NO DA the hospital or YES 10 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) be de State Hour a.m. Not While While After OR ATTENDING F at work at work 19 p.m. should that (1) (we) last 21. I certify that (i) (this hespital) attended the deceased from with the DIRECTOR: age 3 should and that death occurred at AM, from the causes and on the date stated above. 19606 saw the deceased alive on £ 22b. 22a. SICNATURE TO FUNERAL DIRE director, page 3 should be filed v MED. DIRECTOR PHYS. M.D. ADDRESS HOSPITAL 22d. PHYSICIAN'S 22c. NAME (Type) LOCATION (City, town or county) (State) DATE THEREOF NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. REMOVAL (Specify) remarka binesion TUNERAL DIRECTOR TUNERAL DIRECTOR TUNERAL DIRECTOR AV tland 966 Cedar Hill Gremat 2 5 1966 ADDRESS 25b. oseph Sons Inc. S VR AIS (4) SC Ave 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05603 MEDICAL EXAMINER'S CERTIFICATE PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) n. COLINTY Page ŏ death. MARY, AND Department b CIY OR TOWN (If auts de corporate CLENGTH OF STAY IN 16 c CTY OR TOWN (It outside corporate limits, write RURA, and give nearest tawn) affer 2r5. Koma-INSTITUTION (If nat in haspital, give street address) IS RESIDENCE ON A FARM? form hours MOD State Give Pages NO YES after death along with 3 NAME OF DATE Year DECEASED OF DEATH ₽ (Type or print) 19 66 with S SEX 9 AGE (In years IF UNDER 24 HRS 7 MARRIED lost birthdoy) Manths Doys in Item 18 Haurs hours W.DOWED DIVORCED Office TOO USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR BIRIHPLACE (State or fareign country) 12. CITIZEN OF WHAT Examiner's pencil 14. MOTHER'S MAIDEN NAME eene. da puo 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT should be executed the Chief Medicos (Yes, no, or which nawn) (If yes give war ar dates of service or removal. pending" 6100 Edgewood Dev. al 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) buriol-tronsit DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) writing the word cremation, DUE TO Cardio Vasouler 4ears Conditions, if any, which gave (b) rise to immediate couse (a), This certificate DUE TO stating the underlying couse 0 used as buriol, SD PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPSY PERFORMED? please execute the certificate. be YES | NO 200 EXTERNAL CAUSE WAS agent, prior 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part H of Item 18) 3 should PRIMARY ☐ or CONTRIBUTING ☐ AL EXAMINER: CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF NJURY (Home, form, (City or fown) (County) (State) Hour o.m. While Nat While factory, street, affice bldg, etc) may be retained for your FUNERAL DIRECTOR: Poge of work of work designated 21 I certify that I taak charge of the remains described above, held on Autopsy Inspection 🔀 Inguiry X and in my apinian director. death resulted from Natural causes Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER O DEPUTY ME ACTUAL 22. DATE SIGNED SIGNATURE funero 5 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 10 FUNE Health NAME (Type) Address (Street, city, town, ar county) the BURIAL, CREMATION, (County) (State) RECD BY REG STRAK 2Sb REG STRAR'S SIGNATURE VR A15ME (5) 6M 1/66

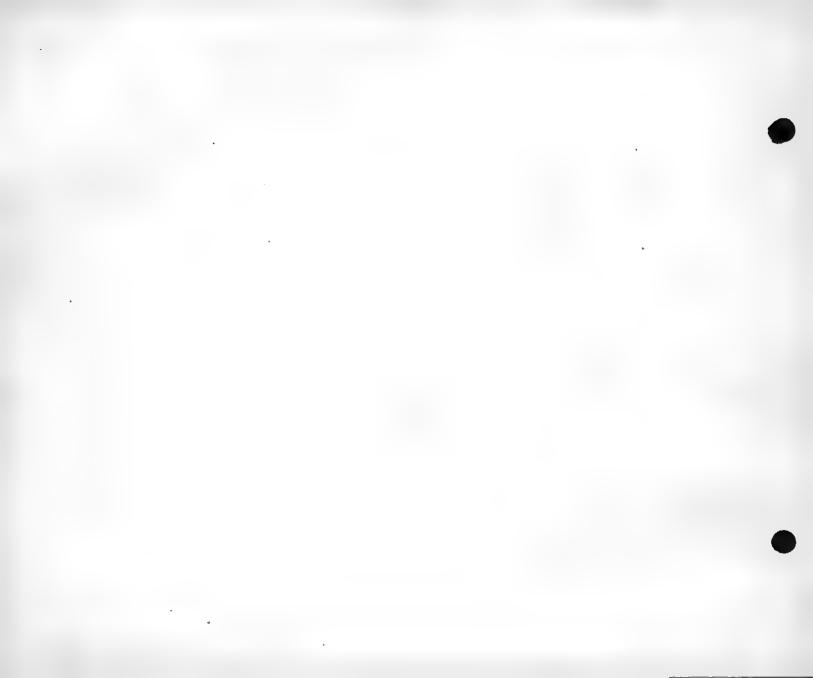




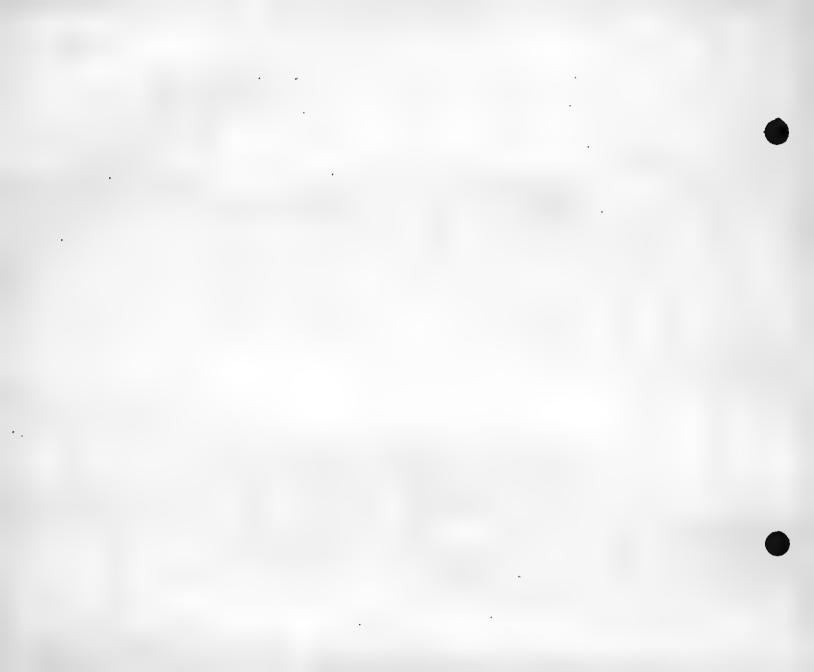
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND MONTGOMERY MONTGOMERY MARYLANO Pages b, CITY OR TOWN (if odtside corporate limits. c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ROOKUILLE, MARKLHND Silver Spring days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 13925 MARIANIA DRIVE 럁 NOM YES HOSPITAL executed within 3. NAME OF First Middle DATE Month Day Year po DECEASED OF DEATH and comple remove each any event, APRIL (Type or print) 19 66 William NEWBY DUNGALD 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. CDLDR OR RACE 7. MARRIED Y NEVER MARRIED last birthday) | Months | Oays WHITE WICOWED [ DIVORCED ermit. Then please respond to the contract of = 10a. USUAL OCCUPATION (Cive kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT COUNTRY? death certificate be INDUSTRY upholstrey during most of working life, even if retired) TY, NORTH Own Business 5 CAROLINA YOUNGY UPHOLETERY removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carrie Alma Kennedy Um H. Newby 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY ND. permit. (Yes, no, or unknwh) (If yes give war or dates of service) Mareana 03-3582 Kathrun B. Newby cremation, None the INTERVAL BETWEEN CAUSE OF OEATH [ Enter only one cause per line for (a), (b), and (c).] requires that the -transit **ONSET AND DEATH** PART I. DEATH WAS CAUSED BY: ttending physician. IMMEDIATE CAUSE (a) igned n signed burial-ti burial, DUE TO Conditions, If any, which HOUNG W gave rise to immediate 事む DUE TO (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMEO? NO TO YES 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF CEATH DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 40 Dept. (IF EITHER, NOTIFY MEDICAL EXAMINER) this ( letach MEDICAL 2De. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) Hour a.m. While Not While p.m. 19 at work at work DIRECTOR: A age 3 should lied with the should 21. I certify\_that (i) (this\hospital) attended the deceased from and that death occurred ats ose M, from the causes and on the date stated above. saw the deceased alive of DATE SICNED SIGNATURE 22b. 22a page **OIRECTOR** PHYS. 100 may director, pay O HOSPITAL PHYSICIAN'S ADDRESS 22c. 22d. NAME (Type) Randol (State) LOCATION (City, town or county) BURIAL, CREMATION. 23b. DATE THEREOF Grove Clemetery REMOVAL (Specify) Davidson A.C. 25a. REC'O BY REGISTRAR RECISTRAR'S SIGNATURE 25b FUNERAL DIRECTOR VR A15 (4) 20M 1/65



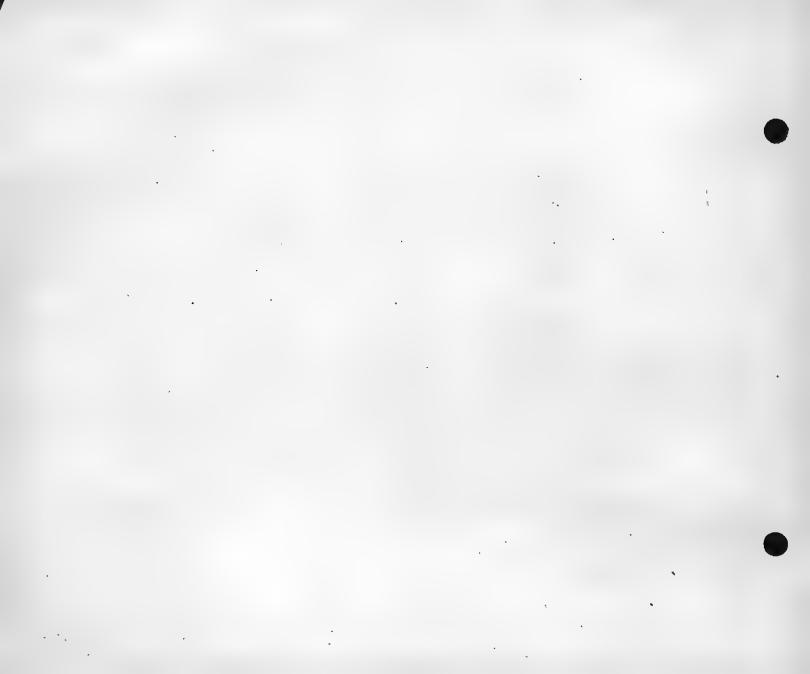
| Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  TRACE OF BASH  TRAC |  | J        | I tems 18821 Film G377 6/MARYLAND STATE DEPARTMENT OF HEALTH   |                 |
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| rise to immediate couse (a), stoling the underlying couse lost.    Out to be a county of the county  | f be<br>f "p<br>Chief                                |          | MMEDIATE CAUSE (o) Acute coronary insulificiency   | MEMIN .         |
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| 200 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  200 TIME OF INJURY Month, Doy, Year 200 INJURY OCCURRED 200 PLACE OF INJURY (Home, form 20f. (City or lown) (County) (Stot   |  | NO       | PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19 WAS AUTO PERFORM.  | DPSY<br>ED?     |
| N = 5 = 5 = 20c TiME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20f. (City or town) (County) (State  | This icate be f be f r ta                            | FIE      | 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port   or Port    of item 18.)   | NO              |
| 20c Time of InJury Month, Doy, Year Hour o.m.  p.m.  21. I certify that I taok charge af the remains described above, held an Autapsy death resulted from:  Natural causes X Accident 1, Suicide 1, Hamicide 1, Undetermined manner  | ER:<br>certific<br>auld<br>es.<br>shauld<br>, pria   |          |  |                 |
| 21. I certify that I taok charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opideath resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner   | AMIN<br>e the<br>e 4 sh<br>aur fil<br>age 3 s        | MEDIC    | 20c TiME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form hour o.m. 20f. (City or town) (County) (  While players of work of wor | (Stote)         |
| death resulted frogh: Natural causes X Accident , Suicide , Hamicide , Undetermined manner   | Page of Y. R. P. |          |  | noinido         |
|  | rigino di        |          | death resulted from: Natural causes X. Accident , Suicide , Hamicide , Undefermined manner   | ,               |
| death resulted from: Natural causes X Accident , Suicide , Hamicide , Undefermined manner .  CHIEF MEDICAL EXAMINER  | MARY<br>lease<br>direction<br>trains<br>des          |          | ACTUAL 22 DATE   | SIGNED          |
| SIGNATURE SIGNAT | ury pary, premain be refined by an its               |          | SIGNATURE SECULIA SOCIALITY MEDICAL EXAMINER L   | //              |
| The formal from the first that the f | becess may may Funi                                  | 22       | Ban BURIA., CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 230 LOCATION (CITY OF TOWN) (County) (S  | rote)           |
| - BURIAL 4-3-66 WAIZ MEMITTER FALSCITURCH VA   | 70<br>10<br>10<br>H                                  | E L      | SUC1142 1700 66 10111 2 17 16 17 17 17 17 17 17 17 17 17 17 17 17 17   | 9.              |
| VR A15ME (5) Loldberg Liveral Home 17-9 that The DATE 1966 250 DECENTRAR'S GRANTE JUNES.   | VR A15ME (5)<br>6M 1/66                              | 2        |  | •               |



| $\times$ 1(M)  | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND   |
|--|--|
| F 28 F   | O5607 CERTIFICATE OF DEATH 05665   |
| hours after death. Id in by the funeral rrs. Pages 1 and 2 2 hours after death.  | 1. PLACE OF DEATH a. COUNTY MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY  MARYLAND   |
| ours after<br>in by the fi<br>Pages 1  | b. CITY DR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  WHEN SINGEON   |
| fille<br>pape<br>in 7.   | d. NAME OF HOSPITATOR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS Place 5.8 8. IS RESIDENCE ON A FARM?  KENSINGTON GARDENS  2/01_31 Place 5.8 9. IS RESIDENCE ON A FARM?  YES \( \text{NS} \) NO \( \text{NS} \)   |
| d withi<br>mpleter<br>carbon<br>ent, wit   | 3. NAME OF DECEASED (Type or print) Zula V, Middle Newton   4. DATE OF DEATH April 23 1966   |
| executed<br>and con  | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS.   Months   Deys   Hours   Min.   Months   Deys   Hours   Min.   Min. |
| ysician<br>prease  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life) even if retired)  10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country)  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  |
| Ires that the death certificate by<br>physician,<br>a signed by the attending physicial<br>burial-transit permit. Then press<br>burial, cremation, or removal, and   | Albion I Murphy Alice Lee Cox  |
| death of attence atten | (Yes, no, or unknown) (If yes give war or dates of service) mrs. n. H. margons Alexanderia for   |
| at the clan. sed by the transit transit  | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Broncho Anglueuro   |
| 다음 등 달 목   | Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO  DUE TO  (b) Influenza  18 days   |
| e faw re<br>attend<br>e has be<br>sse as t<br>th prior   | underlying cause last. (c)   |
| ENDING PHYSICIAN: The law reined by the hospital or attending. After this certificate has bould be detached for use as the State Dept. of Health prior   | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMED?  YES NO DESCRIBE HOW INJURY OCCURRED. (Enter neture of Injury In Pert I or Part II of Item 18.)  OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |
| DING PHYSI<br>of by the h<br>After this<br>d be detacl   | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  By this at work  |
| L OR ATTENDII y be retained DIRECTOR. A age 3 should ifed with the 8   | 21. I certify that (I) (this hospital) attended the deceased from August 25, 1965, to April 23, 1966, that (I) (we) last saw the deceased alive on April 23 1966, and that death occurred at 7/3 PM, from the causes and on the date stated above.  22a. SIGNATURE   |
| HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital FUNERAL DIRECTOR. After this certific director, page 3 should be detached for  | 22c. PHYSICIAN'S M.D. ATTENDING MED. STAFF PHYS. PHYS. 1966  |
| O HOSPITAL OR Page 4 may be O FUNERAL DIR director, page   | NAME (Type) David L. Rogers 17/2 I St. N.W. Washington, D.C.  23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)   |
| 1 1  | Birrial April 26. 1966 Glenwood Washington DC 24. EUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR SIGNATURE  |
| VR A15 (4)<br>15M 4-64   | Les Alline ral Home Stashington DC. DAAPR 27 1966 floorlas Julye   |



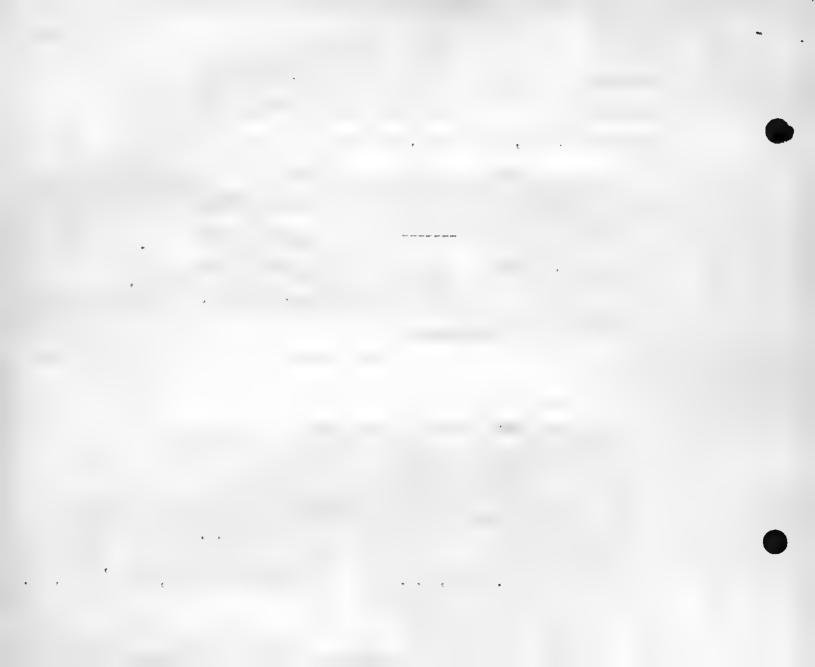
| 1 77   | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA   | DW 4ND                           |
|--|--|----------------------------------|
| में हर्ष्या  | CERTIFICATE OF DEATH   | CAC                              |
| after death, the funeral ges 1 and 2 after death.  | 1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: Resi   | Idence before admission)         |
| the fu   | MARYLAND MARYLAND MARYLAND B. COUNTY MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND B. COUNTY   | ) TBOMERY                        |
|  | D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).  | nd give nearest town)            |
| _ B .E .2  | DILUER SPRING   SILVER SPRING ,  | 1                                |
| filled papers in 72 h  | 11 0.  | B. IS RESIDENCE<br>ON A FARM?    |
|  | 3. NAME OF First Middle Last 14. DATE Month  | Day Year                         |
| executed within and campletely remove tarbon (a and event, with  | (Type or print)  Au  B  NOFTSTSP  OF  OFATH  | 17 19 66                         |
| executed wi  | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In Years   IFUNDER 1)    Nonthal Distriction   1   | YEAR IF UNDER 24 HRS.            |
| exec<br>remu   | WIDOWED Y OIVORCED 9-26 X6 79 Nrs  | ays Hours Min.                   |
| be<br>cian<br>ase<br>nd i  | 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired)   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, of foreign country)   12. CITI (COU  | ZEN OF WHAT<br>NTRY?             |
| certificate<br>nding physi<br>. Then ple<br>removal, a   | 13. FATHER'S NAME LIST City Ma Lager Perc. 14. MOTHER'S MAIDEN NAME  |                                  |
| ing p<br>Then<br>Emov  | George "1. Nortsker Anna M. Fogelsonger  |                                  |
| h ce<br>tend<br>iit.   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (Afrycs nive war or dates of service)  |                                  |
| death<br>he atte<br>permit<br>tion, or   | 200-22-5464 Mrs. Seecen. Silver Spring, Maruli   | and                              |
| y the  | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:   | INTERVAL BETWEEN ONSET AND DEATH |
| hat<br>ician<br>led b<br>l-trar<br>l, cre  | 14 IMMEDIATE CAUSE (a) WWW COVERDING GRANT PARILLER  | IWK.                             |
| we requires that the tending physician. Las been signed by the burial-transit prior to burial, cremain                 | Conditions, If any, which ) OUE TO Neplus sclussic   | "yeseo.                          |
| 문문 등 의료  | gave rise to immediate cause (a), stating the OUE TO   |                                  |
| aw<br>tten<br>nas<br>as<br>as  | underlying cause last. (c) (Illus schools, Characego.  | years.                           |
|  | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)   | 19. WAS AUTOPSY<br>PERFORMED?    |
|  | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CISEASE CONDITION GIVEN IN PART 1(a)  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | YES NO X                         |
| HYSTCIAN;<br>ne hospita<br>this certifi<br>etached fo<br>Dept. of H  |  |                                  |
| this De  | 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20f. (City or town) (County factory, street, office bidg., etc.)  | y) (State)                       |
| NG<br>by<br>be<br>Stat   |  |                                  |
| OR ATTENDING<br>be retained by<br>INECTOR: Attending<br>ie 3 should be<br>ed with the Star                             | 21. I certify that (I) (this hospital) attended the deceased from 4//2 1966 to 4//7, 1966  | that (1) (we) last               |
| ATT rets   | saw the deceased alive on 4//6 1966, and that death occurred at 3/4 M, from the causes and on the  |                                  |
| DIR DIR  | M.O. ATTENDING MEO. DIRECTOR DIRECTOR PHYS. 1  | 117/66                           |
| PITAL<br>4 may<br>6RAL I<br>or, pag<br>1 be fil  |  | SPRING                           |
| O HOSPITAL Page 4 may O FUNERAL director, pa   |  | (State)                          |
| TO HOSPITAL OR ATTENDING Page 4 may be retained TO FUNKAL DIRECTOR. A director, page 3 should should be filed with the | OREMOVAL (Specify)   | ntes Plase                       |
|  | 24. FUNERAL DIRECTORY AS THOMAS APPRESS 1 11, 1-252 PEC'D BY REGISTRAR 250 EGISTRAP'S  |                                  |
| VR AI5 (4)<br>20M 1/65   | Warner & Penyrting Inc 8434 Faline DATER 22 1966 Charles   | Judge .                          |
|  | , ,  |                                  |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. after death. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) CDUNTY a. STATE COUNTY Pages 1 urs after b. City Da Dwn (if outside corporate limits, write RURAL and give nearest town) MARYLAND ntagmeru c, CITY DRIOWN (If outside corporate limits, write RURAL and glup hearest town) C. LENGTH DF STAY IN 1b I completely filled in by the carbon papers. Page y event, within 72 hours a hours o thesda d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? Maple YES ND X same executed within NAME OF 3. First Middle DATE Month DECEASED OF event, 1966 (Type or print) DEATH 13SOF 5. SEX DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR last birthday) | Months | Dave IF UNDER 24 HRS 6. COLOR OR RACE 9. 8. 7. MARRIED NEVER MARRIED and c Davs Hours WIDOWED X DIVORCED T 188 .10 physician and in please re 12. CITIZEN OF WHAT E 10a. USUAL OCCUPATION (Give kind of work done) 1Db. KIND OF BUSINESS OR 1. BIRTHPLACE (County & State, or foreign country) death certificate be during most of working life, even if retired) INDUSTRY **COUNTRY?** Home 13. FATHER'S NAME virainia or removal. attending phy ermit. Then Mason 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. has been signed by the atten as the burial-transit permit. prior to burial, cremation, or r (Yes, no. or unkown) (If yes give war or dates of service) 5101 Benton Bethesda 213-46-5666000 INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate binector, page 3 should be detached for use should be filed with the State Dept. of Health PERFORMED? NO V YES T MRCINOM 20a. ACCIDENT WAS UNDERLYING IT DESCRIBE HOW INJURY OCCURRED. Tenter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MIDICAL 20e, PLACE OF INJURY (Home, farm, TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While be retained by at work at work 21. I certify that (I) (this hospital) attended the deceased from 196 that (I) (we) last and that death occurred at 6 32 M, from the causes and on the date stated above. saw the deceased alive on 196 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING MED. DIRECTOR Page 4 may k M.D. PHYS. ADDRESS PHYSICIAN'S Robert G NAME (Type) Angle 5009 De1 Ray Ave. . Bethesda. Md. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREDE (State) REMOVAL (Specify) Burial-transit Hollywood\_ Cemetery 66 Richmond 24. FUNERAL DIRECTOR ADDRESS Pumphrey Bethesda, Md. VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05610CERTIFICATE OF DEATH death. funeral and 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY Pages 1 b. COUNTY after Montgomery North Dakota Williams MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b oon papers. Pag within 72 hours hours 220 Davs Grenora .5 Bethesda B. IS RESIDENCE ON A FARM? filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADORESS Box 235 ND X The Clinical Center, Bethesda 14. Maryland within and completely remove carbon i etely Yea 3. NAME OF Last 4. DATE Month Day DECEASED in any event, 19 66 Nygaard 11 Kevin April (Type or print) Dean DEATH 6. COLOR OR RACE AGE (In years I IF UNDER 1 YEAR UF UNDER 24 HRS. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Days Hours September 1956 Male White WIDOWED DIVORCED [ attending physician a ermit. Then please re in, or removal, and in a 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) death certificate be USA North Dakota Student 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Melvin E. Nygaard Alma Lerbakken 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service)
NO 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Records. D FUNERAL DIRECTOR: After this certificate has been signed by the atten director, page 3 should be letached for use as till burlal-transit permit. should be filed with the State Degt. of Health prior to burial, cremation, or The Clinical Center, Bethesda 14. Maryland None INTERVAL BETWEEN DISET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). OR ATTENDING PHYSICIAN: The law requires that the be retained by the hospital or attending physician. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septicemia 8 months Acute Myelogenous Leukemia Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Leukemia and hemorrhage YES TOL NO Meningeal 20a. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) Hour a.m. Not While at work at work 21. I certify that (1) (this hospital) attended the deceased from 3 September, 1965, toll April \_\_\_. 19\_66. that 🗱 (we) last April saw the deceased alive on 11 19 66, and that death occurred at 2:10M, from the causes and on the date stated above. 22b. DATE SIGNED SHANATURE 22a. ATTENDING PHYS. STAFF PHYS. 11 April 1966 (DC) Page 4 may 1 M.O. DIRECTOR ADDRESS The Clinical Center, National 22C. PHYSICIAN'S NAME (Type) Robert S. Brown, M.D. Institutes of Health, Bethesda 14. Md. 23d. LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 9 Grenora Cemetery Burial-transit REC'D BY REGISTRAR 255. Robert A. Pumphrey Bethesda, Maryland Charles 1966 VR A15 (4) 15M 4-64



|   | 10  | MARYLAND STATE DEPARTMENT OF HEALTH  |                  |
|---|---|--|------------------|
| - | (N1)  | DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH  0.5619   |                  |
|   | death,<br>funeral<br>and 2<br>r death?  | 1. PLACE OF DEATH  11 2. USUAL RESIDENCE (Where deceased fired, If institution: Residence before   | admission)       |
|   | e fur   | a. COUNTY b. COUNTY 1  |                  |
|   | after<br>y the 1<br>iges 1<br>s after   | B. CITY OR TOWN (if outside corporate limits, c. LENGTH DF STAY IN 1b write RURAL and give nearest town)   | est town)        |
|   | hours d in by   | Harama Perk 28 hrs. 12 kem 2 12-15   |                  |
|   | 24 horizon  | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS  ON A   | SIDENCE<br>FARM? |
| _ | thin 2  | 3. NAME OF First Middle Last (4. DATE Month Day YES)   | NO               |
|   | within arbon tr. within   | DECEASED ()  | L6               |
|   | e e e e e e e e e e e e e e e e e e e   | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 1 YEAR IF UNDER 1 SEX DIRTH 1  | R 24 HRS.        |
|   | executed and con remove n any eve   | 1/10/4 1/20 2 Nacy   WIDOWED   DIVORCED   1 2 - 1/3 - 8 2   8 4 yrs.   |                  |
|   | ian a   | To a USUAL OCCUPATION (Give kind of work done of the later of the late | T.               |
|   | ysic<br>ysic<br>pleas   | Manager (Retired) Store Japan 4.57.  |                  |
|   | iffica<br>g ph<br>nen<br>noval  | 131 FATHER'S NAME ( ) NOTHER'S NAME ( ) Ald ( ) Was I alle   |                  |
|   | ath certificate be executed within 24 hours after attending physician and compress of filled in by the firmit. Then please remove becook appers. Pages 1 n, or removal, and in any event, within 72 hours after   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address  |                  |
|   | that the death certificate be sician. ned by the attending physiciar al-transit permit. Then please al, cremation, or removal, and in   | (Yes, no, or, unhown) (If yes give war or dates of service)  Hospita Records   |                  |
|   | the de  | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),] INTERVAL B ONSET AND   | DEATH            |
|   | at the  | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crease Coronary Such fracency   |                  |
|   | s thingsic<br>ligne<br>rial-t   | Conditions, if any, which ) DUE TO Coren any a theros clerases (med  |                  |
|   | alle<br>g pl<br>en s<br>en s<br>e bu  | gave rise to immediate (D)   |                  |
|   | red<br>andin<br>s the<br>ior t  | underlying cause last. (c) My 1 cur de al Insufficiency  |                  |
|   | atte<br>atte<br>has<br>se as  | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PEREO   | UTOPSY<br>RMED?  |
|   | The   | 5 O'ulmonarry Emphysema and Februsis YES   | NO 🗌             |
|   | Spits<br>Spits<br>Sertified f   | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFO VES CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)   |                  |
|   | PITAL OR ATTENDING PHYSICIAN: The faw requires that the may be retained by the hospital or attending physician. ERAL DIRECTOR: After this certificate has been signed bior, page 3 should be detached for use as the burial-transite filed with the State Dept. of Health prior to burial, or   |  | (State)          |
|   | ter the   | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  While p.m. 19 at work at work  |                  |
|   | Affin Pild b  | 27 I certify that (1) (this hospital) attended the deceased from 14-5 19/6 to 4-6 19/6 that (1)  | (we) last        |
|   | etair<br>etair<br>1708<br>Shot<br>th ti   | saw the deceased alive on 4-6 19-6, and that death occurred at 3-5M, from the causes and on the date state   | d above.         |
|   | DR A<br>be r<br>se 3<br>se wi   | 22a. SIGNATURE 22b. DATE SIGNED  Rechard A. Calenhacem. M.D. ATTENDING MED. STAFF 1/2/66   |                  |
|   | ray<br>At 0<br>pag<br>pag<br>e file   | 22c. PHYSICIAN'S 22d. ADDRESS 21/ 22d. ADDRESS   | /                |
|   | HOSPITAL age 4 may FUNERAL rector, pa   | NAME (Type) Richard H. Edenbaum my 4700 Bradley Boulevard Chowy Co   | hase<br>NG ==    |
|   | TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of Page 4 may be retained by the hospital or attending physician.  TO FUNERAL OIRECTOR: After this certificate has been signed by the attendirector, page 3 should be detached for use as the burial-transit permitshould be filled with the State Dept. of Health prior to burial, cremation, or | PEMOVAL (Specify) () 11/11/1 1/20 1/4+ () and 1/21/20 1/20 1/20  | State            |
|   | F F   | 24. FUNERAL DIRECTOR ADDRESS (250. REGISTRAR) 250. REGISTRAR'S SIGNATURE   | 0                |
|   | VR #15 (4)  | Sturbus Walter, 254 Caeral M.W. OC DARPR 11 1966 golianles Juga  |                  |
|   | 20M 1/65  | The state of the s | <del>-</del> =   |



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND I. PINCE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Rasidence before edmission) e. COUNTY b. COUNTY Jontzemer. omeku MARYLAND c. CBY OR TOWN (If outside corporate limits, write RURAL and give neerest town) OWN (if outside corporate lim ts. c LENGTH OF STAY IN 16 and give neerest town) NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) e, IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO DATE Middle 4. Month paper DECEASED OF DEATH (Type or print) and col 7. MARRIED NEVER MARRIED | 8. DATE OF SINTH AGE In years LIF UNDER I YEAR IF UNDER 24 HRS last birthday) Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (G.v. kind of work 10b, KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (County & Stets, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 70 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yas, no, or unkown) i (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter on y one couse per I]ne for (a), (b,, and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), sletting the underlying PART IL OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH 200, ACC DENT WAS JNDERLYING L 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of 'njury in Part I or Pert II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED , 2De, PLACE OF NJURY (Home, farm, 20f. (City or town) (County) (Steta) Month, Day, Year 20c. TIME OF INJRY fectory, street, office bldg , etc.) While Not While Hour a.m. al work | et work 21. | certify that (I) (this hospital) attended the deceased from................ saw the deceased alive on 22b. DATE 22a SIGNATURE SIGNED ATTENDING DIRECTOR PHYS, PHYS. FUNERAL NAME 336 PATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, Barnesville, on, OĞ 25a, REC'D BY REGISTRAR 25b, REGISTRAR' 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 9/60

death certificate be

DEPARTMENT OF HEALTH



| 1,*   | 1_  | 1    | MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  |
|---|---|------|---|
|   | STATE   |      | 05613 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05611   |
| HEALT   | H DEP   | A.E. | 2. USUAL RESIDENCE (Where deceased I.ved, If institution: Residence before admission) a. COUNTY MOTH 40 mery - MARYLAND  A STATE Maryland b. CDUNTY Mont 40 mery  |
| sary,<br>reral  | ath:  |      | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  |
| cessar<br>e funer<br>may  | Department<br>after death:  |      | Silver Spring Silver Spring.  |
| a to m  | e De  | 00   | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS  6. IS RESIDENCE ON A FARM?  VES NO NA   |
| delay<br>and 3<br>3. Pa   | State   | *    | 3. NAME OF First Middle Last LA DATE Month Day Year   |
| 2, at   | 3/2   | 1    | OF OF Printy Dorothy Jean Pappas. DEATH APRIL 16 1966   |
| F. S. I.  | 2 with<br>within  |      | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years   IF UNDER 1 YEAR IF UNDER 24 HRS  |
| eath<br>Page<br>th fo   | and 2.<br>■nt w   |      | 7 - WIDDWED DIVORCED (10ct. 26, 1924) 41 vrs.   |
| ter of  | 1 an  |      | double most of morning life, each it legited) 1 individed 1   |
| rs af<br>18. (<br>along   | pages 1   |      | Housewife Our home Beaver Fells, Pa. U.S.  13. FATHER'S MAIME 14. MOTHER'S MAIDEN NAME  |
| hour<br>rem   | File pa   |      | Richard S. Corsini Anna Sonjak  |
| in 1  |   |      | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unhown) (If yes pire war or dates of service)  |
| vithin<br>encil   | permit.<br>removal  |      | No Nove 234-32-1757 George Pappas Silver Spring, Maryland  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]  INTERVAL BETWEEN  |
| in p  | sit p   |      | PART I. DEATH WAS CAUSED BY: Carbon Monoxide-Poisiencre ONSET AND DEATH   |
| Zecur<br>Salle  | burial-transit  |      | 7/3/ DUE TO   |
| be eg   | rrial-<br>omat  |      | Conditions, if any, which geve rise to immediate (b)  |
| ould "  | , C. C.   |      | cause (a), stating the DUE TO underlying cause last.  |
| e sho   | used as<br>to burial,   |      |   |
| MINER: This certificate should be executed within 24 hours after death. If any del<br>ritificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and<br>d be forwarded to the Chief Medical Examiner's Effice along with form PM3. | use<br>to t   | 0    | PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)  19. WAS AUTOPSY PERFORMED?  YES NO  PRIMARY SF OF CONTRIBUTING  CAUSE DF DEATH.  19. WAS AUTOPSY PERFORMED?  YES NO  CONTRIBUTION OF PART II of Item 18.)  Schiolar Structure of Injury In Part I or Part II of Item 18.)  Schiolar Structure of Injury In Part I or Part II of Item 18.)   |
| iting<br>sed t  | 3 should be<br>agent, prior   |      | 20a. EXTERNAL CAUSE WAS PRIMARY ST OF CONTRIBUTING COLUMN |
| This with   | shou<br>ent,  |      |   |
| ER:<br>icate<br>e foi   | d a   |      | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  While Not While At work Africa 93cage Silver Spring Indian. INcl.   |
| M P   |   |      | 21. I certify that I took charge of the remains described above, held an Autopsy [ ], Inspection [ ], Inquiry [ ], and in my opinion  |
|   | files,<br>TOR:<br>lesign  |      | death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner   |
| AED<br>cute 1   | your<br>JIREC   |      | ACTUAL SIGNATURE OALD BELL M.D. ASSISTANT MEDICAL EXAMINER ( 22. DATE SIGNED  |
| Z Se ₹  | for h   |      | EXAMINER'S DEPUTY MEDICAL EXAMINER W 4/16/66  |
| O DEPUTY<br>please e<br>director.   | tained for your files.<br>FUNERAL DIRECTOR:<br>Health or its design | nl.  | NAME (Type) Address (Street, city, town, or county)   |
| die dire  | reta<br>TO FU   |      | 233. BURIAL CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  REMOVAL (Specify) O April 1966 Anliento: National Cem. Anliento: Virginia   |
| •-  | Ť   |      | 24. FUNERAL DIRECTOR SLE 8434 ADDRESSAGIA AVENUE 252 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE  |
| VR A  | AI5ME (5)<br>1/65   |      | Marier E. Direntrey, Pro. Silver Spring, Maryland R 22 1966 Charles Judge   |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY COUNTY letely filled in by the room papers. Pages 3 the within 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 6-70K d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 6200 OREGON YES NO 🗷 rand completely i death certificate be executed within NAME OF DATE Month Day First Middle Last DEGEASED DEATH (Type or print) 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. GOLOR OR RAGE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months DIVORGED WIDOWED X 12. GITIZEN OF WHA plysician allease rayal, and in 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY GOUNTRY? housewife North Carolina U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal been signed by the attending the burial-transit permit. Then to burial, cremation, or remov John R. Eddins Mary Whitehurst 15. WAS DECEASED EVER IN U.S. ARMED FORGES? Springfield, Va. Col. Chas. B. Payne 8107 Smithfield 16. SOGIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) [(If yes give war or dates of service) No **#############** unknown INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE GAUSE (a) AMONIS, or attending physician. **OUE TO** Genditions, If any, which DUE TO (a), stating as th underlying cause fast. PHYSICIAN: The law PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION for use Health PERFORMED? certificate NO [ YES. hospital 20a, ACGIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II) of Item 18.) detached for DR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDIGAL EXAMINER) (State) 20e. PLACE OF INJURY (Home, farm, 2Df. (Gity or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OGGURRED factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 70 , that (i) (we) last 19 19. 21. I certify that (i) (this hospital) attended the deceased from EIRECTORN age 3 should led with the M, from the gauses and on the date stated above. saw the deceased alive-on and that death occurred at /\_. DATE SIGNED SIGNATURE page **ATTENDING** MED. DIRECTOR STAFF PHYS. M.D. PHYS. тау HOSPITAL FIINERAL ADDRESS 22c. PHYSIGIAN'S TO FUNERAL director, p MO 23d. LOCATION (Gity, town or county) (State) BURIAL, GREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR GREMATORY 29 April 1966 Fairfax Memory Gardens Fairfax, Va. REG'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Washington, DC 1966 Rinaldi Funeral Home, Inc. 7400 Ga. Ave., N. M. VR AI5 (4) 20M 1/65

| DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 1  | Mary .                          |
|--|---------------------------------|
| CERTIFICATE OF DEATH   | 05613                           |
| 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: a. COUNTY b. COUNTY c. a. STATE  | Residence before admission)     |
| b. CITY OR TOWN (If outside corporate limits,   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURA   | Land alva passant town          |
| write RURAL and give nearest tolin)  | C and give nearest town)        |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  Lensington  CARLens  4427 Totomac Ave   | e. IS RESIDENCE<br>ON A FARM?   |
| Tensington GARdens 4427 TotomAC AVE  | YES NO X                        |
| 3. NAME OF DECEASED FIrst Middle PRRY OF BEATH  TO DECEASE OF DECEASE OF THE PRRY OF BEATH  3. NAME OF DECEASE OF THE PRRY OF BEATH  TO DECEASE OF DEATH  5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO 8. DATE, OF BIRTH  FOR ALE WIDOWEO DIVORCED OCT, 28 1890 75 yrs.  103. USUAL OCCUPATION (GIVE kind of work done INDUSTRY)  104. USUAL OCCUPATION (GIVE kind of work done INDUSTRY)  105. COLOR OF BUSINESS OR INDUSTRY  OCCUPATION (GIVE kind of work done INDUSTRY)  105. COLOR OF BUSINESS OR INDUSTRY  OCCUPATION (GIVE kind of work done INDUSTRY)  | 30 1966                         |
| 5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO 8. DATE OF BIRTH 9. AGE (in years IF UNDE) last blithday) Months  | R 1 YEAR IF UNDER 24 HRS.       |
| Female White widowed Divorced Oct, 28, 1870 75 yrs.  |                                 |
| 10a. USUAL OCCUPATION (Give kind of work done) 10b. Kino Of BUSINESS OR during most of working life, even if retired)   12. (County & State, of freign country)   12. (Country & State, of freign country)   12. (Co | COUNTRY?                        |
| during most of working life, even if retired)  INDUSTRY  | Uigitt.                         |
| WILLIAM F. KNOTT MARY L. AURHEY  |                                 |
| 13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER'IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  18. Cause of Death Lenter only one cause per line for (a), (b), end (c). J  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)   | BLVC                            |
| 18. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]   | INTERVAL BETWEEN                |
| Tes, no, of uniown) (Tryes life way of attents serice)  18. Cause of Death   Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, If eny, which gave rise to immediate cause (a), stating the out to underlying cause last.  (c)  PART II. OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONOITION GIVEN IN PART 1 (a)  PART II. OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a)  The death of the | ONSET AND DEATH                 |
| TART I. DEATH WAS CAUSE (a)  1 MMEDIATE CAUSE (a)  4 9 X  DUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)  PART II. OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONOITION GIVEN IN PART 1(a)  |                                 |
| Conditions, if eny, which gave rise to immediate (b)   | J math                          |
| gave rise to immediate cause (a), stating the underlying cause last.   |                                 |
| PART II. OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   | ) 19. WAS AUTOPSY<br>PERFORMED? |
| PART II. OTHER SIGNIFICANT CONOTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a 20 decided by 2 | YES NO-                         |
| 208. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  | 0.,                             |
| 문화 등 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Company, street, officebidg., etc.)  | ounty) (Stete)                  |
| While Not while 2 19 at work at work at work 2 19 21. I certify that (I) (this hospital) attended the deceased from 194 to Charles and on saw the deceased alive on 2919 4 and that death occurred at 128 M, from the causes and on 1228. SIGNATURE 1226.  | ( / Ahot (I) from land          |
| p.m. 19 at work at work  21. I certify that (I) (this hospital) attended the deceased from 1940 to Carbon 3019.  saw the deceased alive on 1940, and that death occurred at 104M, from the causes and on 222a. SIGNATURE  22a. SIGNATURE  M.D. ATTENDING MEO. DIRECTOR PHYS.   | the date stated above.          |
| 228. SIGNATURE 22b.  | DATE SIGNEO                     |
| M.D. PHTS. CL. VIKECIOK C. PHTS.   | 11/26                           |
|  | · W                             |
| 23a. BURIAL, CREMATION, 23b. OATE, THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or contemporal Contemp | ounty) (State)                  |
| A A A A A  | R'S SIGNATURE                   |
| VR A15 (4) West Chamber Cos 1400 Chagin St MW OAMAY 5 1966 John  | es judge                        |



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15616 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. terminately filled in by the funeral love carban papers. Pages I and I weent, within 72 hours after data 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 1. PLACE OF DEATH o. swif a. COUNTY b. county Montgomery MARYLAND b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest tawn) write RURAL and sive regrest town) 26days Dayton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Montgomery General Hospital YES NO X 3. NAME OF First Middle 4. DATE Month Last Dov Year DECEASED
(Type or print) 4-29-66 Elwood George Phelps 19 DEATH S SEX 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED the attending physician and can sit permit. Then please remove Jast birthdoy) Months Dovs Hours Male white 2-5-11 WIDOWED DIVORCED 10o USUAL OCCUPAT ON (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY COUNTRY? Wash. Sub. San. Com. Maryland water plant operator IISA 13. FATHER'S NAME or removal. Lewis A. Phelps Mary E. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give wor or dates of service) 218-12-7376 Hospital Admission Record INTERVAL BETWEEN ONSET AND DEATH MONTH 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) burial-transit p PART I. DEATH WAS CAUSED BY: Cachexia ģ IMMEDIATE CAUSE (a). 'O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. 1500 05 1 DHE TO Bronchogenic carcinoma with metastases1 year Conditions, if any, which gave 3 rise to immediate couse (a). to spine, brain, liver, and kidneys DUE TO stoting the underlying couse as the priar ta O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use NO X 200 ACCIDENT WAS UNDERLYING ... 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING I CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or fawn) (County) (State) Hour o.m. factory, street, office bldg., etc.) Not While ot work ot wark 4-29- , 1966, that (1) (we) last 10-18-21. I certify that (1) (NEX MONEY attended the deceased from. 146 †a shauld 4-28 19 66, and that death accurred at 30AM, from causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a SIGNATURE li-29-66 directar, page 3 shauld be filed v DIRECTOR 22d. ADDRESS 22c PHYSICIAN NAME (Type) Charles S. Whitaker. M. D Clarksville, Maryland 23d. LOCATION (City of Town) 23c NAME OF CEMETERY OR CREMATORY 23o BURIAL CREMATION. 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) Alpha . Md 5-2-1966 Mt. View 25g. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66 F.C. Higinbothom, Ellicott City, Md 1966 Melenday Jud

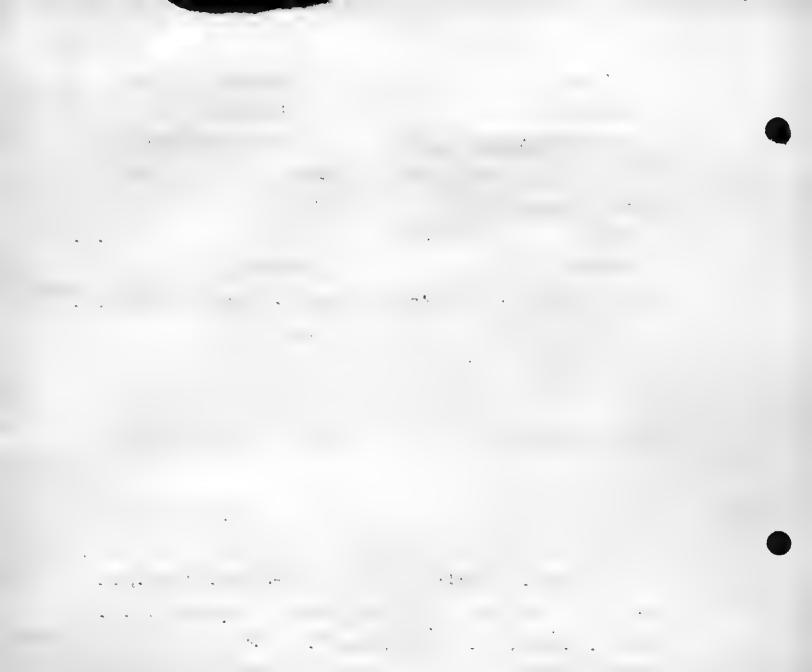


| - 1           | 05617 CERTIFICATE  | OF DEATH  |
|---------------|--|---|
|               | PLACE OF DEATH   | 2. USUAL RESIDENCE (Where decreesed lived, If Institution: Residence bea, STATE 200 a. / b. COUNTY  |
|               | MONIGON ELG MARYLAND b. CITY OR TOWNAIT outside corporate stmits,   c. LENGTH OF STAY IN 16  | a. STATE MAR LITTING  C. CITY OR TOWN (If outside corporate limits, write RURAL and give note   |
| -<br>Į        | write RURAL and give nevert towns  TERMAN TOWN  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)  TEMPARY AND LANGER HOME OF REST. LIMITATION  NAME OF First | BOCKVILLE<br>d. STREET ADDRESS 13804 BAUER DR.  |
|               | DECEASED TOHANNA P.  | Pifilich DEATH 4 26   |
| 5.            | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.  WIDOWED DIVORCED   | DATE OF BIRTH  12/27/1879  9. AGE (In Veers   IF UNDER TYEAR   IF  12/27/1879  9. AGE (In Veers   IF UNDER TYEAR   IF  12/27/1879  9. AGE (In Veers   IF UNDER TYEAR   IF  12/27/1879  9. AGE (In Veers   IF UNDER TYEAR   IF |
| de            | DESCRIPTION Give kind of work ne during most of working life, even if relired)  A DESCRIPTION GIVE RESIDENCE TO BUSINESS OF INDUSTRY  FATHER'S NAME                                      | 11. BIRTHPLACE (County & Stele, or fore.un country)  YUGOSLAVIA  14. MOTHER'S MAIDEN NAME   |
|               | ? Perne  | Ursula?   |
| 15.<br>(Ye    | WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. IN  17. IN  18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), eng (c).)                               | Saville GERMANT   |
| CERTIFICATION | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT                      | RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19.  |
|               | 200. ACCIDENT WAS UNDERLYING A 205. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER!   | 2. (Enter nature of injury in Part I or Part II of item 18.)  |
| MEDICAL       |  | E OF INJURY (Home, farm, 201. (City or town) (County) ry, street, office b.dg., etc.)   |
|               | 21. I certify that (I) (1) attended the deceased from  | death occurred at 7.15 M. from the causes and on the date   |
|               | 22c. PHYSICIAN'S NAME (Type)  James P/ Kerr  | D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D  AMASCUS   |
| 23            | Burial 4/27/66 Gate of Heav  |   |
|               |  | 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR   |



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY Montgomery MARYLAND district of Columbia by the Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) on papers. Pag within 72 hours Washington Jakoma Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 54 Nicholson Street NW No X Washington Sanitarium & Hospital within completely we carbon 3. NAME OF Middle Last DATE Month Year Day DECEASED event, 1 Ethal (Typs or print) DEATH 19 rerson 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED X NEVER MARRIED AGE (In years | I FUNDER 1 YEAR | I FUNDER 24 HR\$ last birthday) Months : any Days Hours and WIDOWED DIVORCED aucasian 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT physician during most of working life, even if retired) Own Home COUNTRY? Housewite 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending ph rmit. Then гешоуа John Robey Emma Bosue d by the attend transit permit. cramation, or n 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Nicholson (Yes, no, or unkown) | (If yes give war or dates of service) 578-28-4723B Joseph W. Nο None 18. CAUSE DF DEATH [ Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN burial-transit burial, cremat ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) day DUE TO Conditions, If any, which heart gave rise to Immediate 감약 DUE TO cause (a), stating prior underlying cause last. (c) 35 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20d. INJURY DCCURRED 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work p.m. 19 at work \_\_ 19 66 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from... 19 66 to 30 Agril DIRECTOR: age 3 should lied with the 30 and that death occurred at 1/15PM, from the causes and on the date stated above. saw the deceased alive on... 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING PHYS. M.D. DIRECTOR FUNERAL PHYSICIAN'S ADDRESS TO FUNERAL director, p should be 22d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) Rock Creek Cemetery Burial FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Georgia Avenue VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE by the fages 1 ars after MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b on papers. Pag within 72 hours hours ARK 1LUTER RING .E filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO 🗵 executed within and completely emove carbon NAME OF First Middle Last 4. DATE Month DECEASED DF event, (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years I FUNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED last birthday) | Months | Days Hours WIDOWED DIVORCED [ 10a. USUAL DCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or fereign country) death certificate be during most of working life, even if retired) INDUSTRY SA SALESMAN 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova ed by the attending paramet. Then cremation, or remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 17. Address (Yes, no, or unkown) | (If yes hive war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH in signed by the burial-transit burial, cramat PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE-6 DUE/TO Conditions, If any, which been : gave rise to immediate has been as the b DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health certificate ! PERFORMED? NO YES [ 208. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 20b. After this ce d be detached e State Dept. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the Т 21. I certify that (I) (this hospital) attended the deceased from 196 19 saw the deceased alive on and that death occurred at// A.M. from the causes and on the date stated above. SIGNATURE DATE SIGNED 22b. ATTENDING PHYS. MED. STAFF M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS BURIAL, CREMATION. LUCATION (City, town or 235 DATE THEREOF 23 c. NAME OF CEMETERY OR CREMATORY 23d. (State) DREMOVÁL (Specify) ADDRESS FUNERAL VR A15 (4) 2DM 1/65

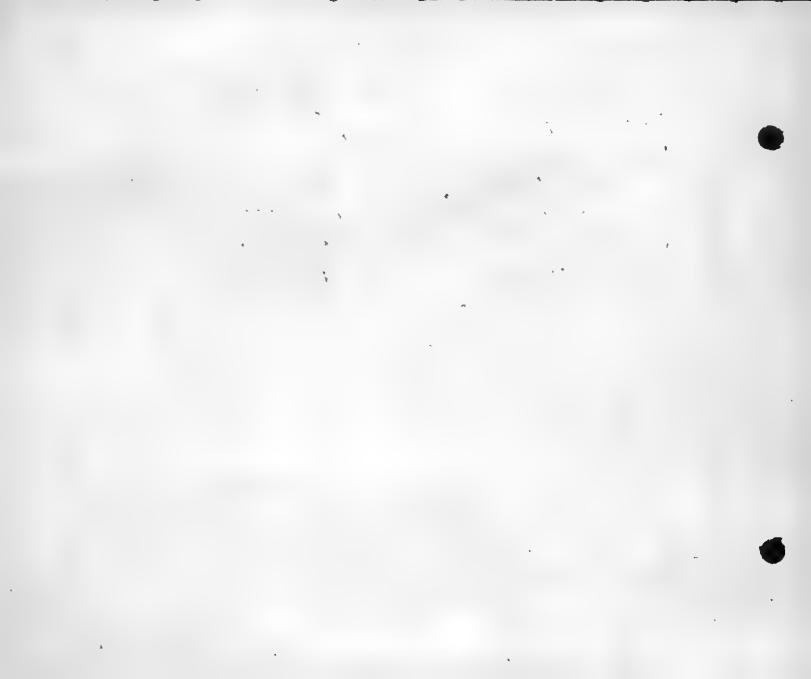


| di |  | 1  | MARYLAND STATE DEPARTMENT OF HEAD  |  |  |  |
|----|--|--|--|--|--|--|
| X  |  | (M   | DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH |  |  |  |
|    | hours after death.   | funeral<br>and 2<br>r death  |  |  |  |  |
|    | 용  | and r dead   | *  | PLACE DF DEATH  2. USUAL RESIDENCE (Where deceased lived, 11 institution: Residence before admission)  a. COUNTY  b. COUNTY  // //   |  |  |
|    | fter   | the itte   |  | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  write RURAL and give nearest town)  MARYLAND  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town)  |  |  |
|    | S)   | 5 g S  |  |  |  |  |
|    | hout   | 프 홈  |  | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE   |  |  |
|    | 24   | filled in papers. If in 72 hou   |  | UN A FARM?   |  |  |
|    |  | \$ 15 m  | 3.   | NAME OF First Middle A Last 4 DATE Month Day Year  |  |  |
|    | executed within  | physician and completely filled in papers and and any event, within 72   | 3.   | DECEASED   |  |  |
|    | Pa   | omic<br>e co   | 5.   | (Type or print) SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In year)   IFUNDER 1 YEAR    |  |  |
|    | scut   | ny e   |  | WIDOWED CO DIVIDES CO ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (  |  |  |
|    |  | rei<br>Trei  | 10:  | a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 111. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT   |  |  |
|    | þe   |  | dui  | ring most of working life, even if retired) INDUSTRY   |  |  |
|    | cate   |  | 13   | FATHER'S NAME  14. MOTHER'S MAIDEN NAME  |  |  |
|    | ifi<br>Eili  | Thermov  |  | JAMES L. PRENTISS BETTY SERBIL   |  |  |
|    | 8  | it.  | 15   | S. WASDECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT  |  |  |
|    | eath   | ermi<br>on, o  | l `''  | no None None None Betty & James Prentiss Theaton, Md.  |  |  |
|    | <b>5</b>   | the rit purity and rich  |  | 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  |  |  |
|    | an tr  | 1 by   |  | PART I, DEATH WAS CAUSED BY: Leve bral Hemotrhage Discharge  |  |  |
|    | tha  | gne<br>ial-t   |  | YEX DUE TO 11 1.1. CIL   |  |  |
|    | ires   | our<br>bur   |  | gave rise to Immediate (b) Hemophila Classical (Factor VIII Vehicina)  |  |  |
|    | red<br>ding  | r the  |  | cause (a), stating the { DVE TO  |  |  |
|    | aw<br>ten  | as<br>prio   | E  | underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) (19. WAS AUTOPSY   |  |  |
|    | he i   | use use  | ATIC   | PERFORMED?   |  |  |
|    | Ear of   | for He   | IEI0   | YES NO   2Da. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.)   |  |  |
|    | CIA  | t. of  | CERTIFICATION  | 2Da. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |  |  |
|    | HYSI<br>e h  | his<br>Dep   |  | 2DC. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20e, PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)   |  |  |
|    | 2 ÷  | ate de la  | MEDICAL  | Hour a.m.   While   fectory, street, office bldg., etc.)   |  |  |
|    | S t be   | e d b  | 2  | 21. I certify that (1) (this hospital) attended the deceased from 9-1/ 1964, to 4-13, 1966, that (1) (we) last   |  |  |
|    | tain   | F HOUR   |  | saw the deceased alive on  |  |  |
|    | e Al   | Wit<br>Wit   |  | 22a. SIGNATURE 22b. DATE SIGNED  |  |  |
|    | 1 0 YE   | . DIII   |  | M.D. ATTENDING MED. STAFF   4-13-66  |  |  |
|    | PITA<br>E  | be le  |  | 22c. PHYSICIAN'S NAME (Type) Stanley I. Wolf MD 22d. ADDRESS Spring St., Silver Spring Red.  |  |  |
|    | D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. | TO FUNERAL DIRECTOR: After this certificate has been signed by the attending pardirector, page 3 should be detached for use as the burial-transit permit. Then, should be filed with the State Dept. of Health prior to burial, cremation, or removal. | 232  |  |  |  |
|    | 2  | T 음식   | -  | REMOVAL (Specify)  |  |  |
|    |  | OP   | 24   | ADDRES 1 250 DECID BY DECISTRAD 250 DECISTRAD SCIENATION   |  |  |
|    |  | AI5 (4)  | 7  | James E. Pumphrey, Inc. Silver Spring, Maryland PR 18 1966 Minerles Judge.   |  |  |
|    | 2D.M   | 1/65   | _  | The state of the s |  |  |

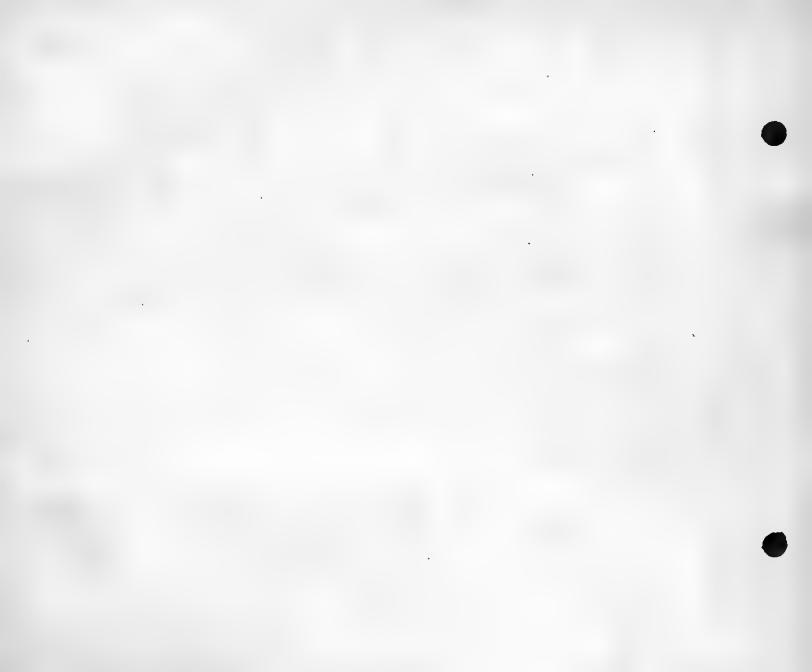


| 1/8  |     |                  | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M  | ΜΑΡΥΙ ΔΝΙ                              |
|--|-----|------------------|--|--|
| ± ≈√=  | VA  | (                | SECTIFICATE OF DEATH   | 05015                                  |
| hours after death<br>for in by the funeral<br>rs. Pages 1 and 2<br>Phones after death  |     | 1. PI            | LACE DF DEATH  2. USUAL RESIDENCE (Where deceased lived, 11 Institution: I   | Residence before admission)            |
| ifter<br>the f   |     |                  | MONTGOMERY MARYLAND MARYLAND MARYLAND  | NTGOMERY                               |
| rs af<br>by ti<br>Page   |     | Б.               | write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)   | and give nearest town)                 |
| hour<br>S  |     | DIL              | 1. NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS   | e. IS RESIDENCE                        |
| 24 horizon filled sapers   | ,   |                  | 2101 FAIRIAND E  | ON A FARM?                             |
| executed within 24 hours after and completely filled in by the rendered abon papers. Pages In any within 72 hours after  |     | 3. N             | RIAND NURSing Home   Last   4. DATE Month  | Day Year                               |
| T Wi   |     | (T               | Thomas - PROPST DEATH APRIL  | 5 1966                                 |
| o tute   | /   | 5. SI            | 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years If UNDER last birthday) Months   | 1 YEAR IF UNDER 24 HRS Days Hours Min. |
| exec<br>language   |     | M A              | BLE White WIDOWED DIVORCED NOV 26 1881 84 yrs.   | TIZEN OF WHAT                          |
| e be exec  |     | during           | g most of working life, even if retired)   INDUSTRY   C  | OUNTRY?                                |
| cate phy   | · I | 13.              | FATHER'S NAME 14. MOTHER'S MAIDEN NAME   | 347.                                   |
| certifica<br>Iding ph<br>Then  |     | F                | ELIX TROPST BARBARA HOOVER   |  |
| th ca<br>ttend<br>it.  | :   | 15. W<br>(Yes, 1 | VAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address no, or unknown) (If yes give war or dates of service)   | , , , , ,                              |
| death  |     | 1.1              | 229-63-8563 TSingley K.N. 2101 FAIRIAND RD 3   | Sirex Juring !                         |
| law requires that the death certificate be ttending physician. The attending phymician as the burial-tramsit memmit. Then please print to hirrial cremation or removal and |     | 1                | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  | ONSET AND DEATH                        |
| The law requires that to or attending physician. The law been signed buse as the burial-tramalth prior to hurial.  | h l |                  | MMEDIATE CAUSE (a) Charle Myscardiat Infarction  | 3 Nro.                                 |
| ires the physical signal burial hurial   |     |                  | Conditions, If any, which ) (b) arterior elevate heart descesse  | 4R5.                                   |
| requir<br>ding p<br>been<br>the b  |     |                  | cause (a), stating the DUE TO  |  |
| aw re<br>ttendii<br>hall be<br>as th   |     |                  | Inderlying cause last. ) (c) Generalized arieriosclerosis  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  | 19. WAS AUTOPSY                        |
| he or a sate use   |     | CERTIFICATION    | DIT. mollitic  | PERFORMED?                             |
|  |     | E Z              | 20a. ACCIDENT WAS UNDERLYING 1 1 20b. DESCRIBE HOW INJURY OCCURRED. (Foter nature of injury in Part I or Part II of Item 18  | 1                                      |
| PHYSICIAN:<br>the hospital<br>this certifil<br>detached for  | 2   | 1                | OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)   |  |
| PHYSI<br>the ho<br>this<br>detack  |     | MEDICAL          | OC. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)   | unty) (State)                          |
| JING PI<br>of by th<br>After t<br>d be de  |     | ME               | p.m. 19   at work  | (                                      |
| _ 0 _ "  |     |                  | 21. I certify that (I) (this hospital) attended the deceased from 3/9, 1966, to 4/5, 1966 saw the deceased alive on 1966, and that death occurred at 5.4 M, from the causes and on the cause and on the cause and on the cause and on the cause are caused at 5.4 M, from the cause and on the cause are caused at 5.4 M, from the cause and on the cause are caused at 5.4 M, from the cause are caused at 5.4 M, from the cause and on the cause are caused at 5.4 M, from the caused at 5.4 M | that (I) (we) last                     |
| MI (1) >   |     | 2                | 222. YCAATURE   22b. 0   | TATE SIGNED                            |
| TAL OR may be IAL DIE 1, page 3  |     | _                | ATTENDING MED. STAFF DIRECTOR PHYS. 4/   | 15/66                                  |
| HOSPITAL age 4 ma FINERAL irector, p   |     | 1                | NAME (Type) RAYMOND TI BENIACK MO 4115 COLIE DRIVE W.  | heaten mn                              |
|  |     | 23a.             | BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town of co  | ounty) (State)                         |
| 50 E 20  | ,   |                  | removal (Specify) 4/8/66 Monterey Cemetery McDowell 1  | Virginia _                             |
|  |     |                  | FUNERAL DIRECTOR ADDRESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR  | SSIGNATURE                             |
| VR A15 (4)   |     | J                | . Wm. Lees Sons 300 4th St. NE. Wash. DOAPR 11 1966 June   | 1                                      |

CELLER BOSINESS LOUMS' LUC' BYRELMONE' MO' \$150.



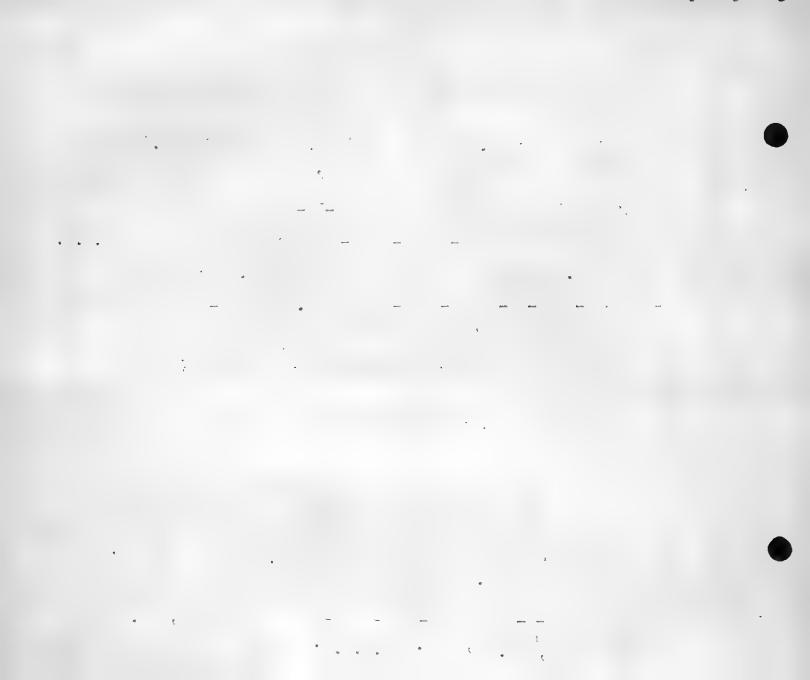
| 1   | 1(M)   |               | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,  | ΜΑΡΥΙ ΑΝΠ                        |
|---|--|---------------|--|----------------------------------|
| =   | - N  | _             | CERTIFICATE OF DEATH   | 05619                            |
| 24 hours after death.   | e funeral<br>1 and 2<br>er death   | 1.            | PLACE OF DEATH a. COUNTY CATGOMER LI  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If Institution: a. STATE b. COUNTY  MARYLAND  A. STATE  MARYLAND   | Residence before admission)      |
|   | by th<br>Pages<br>rs aff   |               | b. CITY DR TOWN (If outside corporate limits, write RURAL and give peacest town)   | AL and give naarest town)        |
| Tilon   | d in<br>T.S. Pour  | -             | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS   | a. IS RESIDENCE                  |
|   |  |               | Kensington Cardens Sanitarium 3904- Blackthorn Street  | ON A FARM? YES NO                |
| withi   | nt will  | 3.            | NAME DF DECEASED (Type or print) Tosoph hoomis Ray DEATH April /   | 3 1966                           |
| pe in   | <b>3</b> 9 8   | 5.            | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (M years IF UND)  NOTE: 1   1   9. AGE (M years IF UND)   1   1   1   1   1   1   1   1   1  | ER 1 YEAR IF UNDER 24 HRS.       |
| ex e  | rem<br>n am  | 10            | THE WILL WIDOWED DIVORGED CFEMBER. 6.1864 8 yrs.   |                                  |
| <u>8</u>  | rsiciar<br>lease<br>and i  |               | BUSINESS EXEC. INDUSTRY  | COUNTRY?                         |
| 100 mg  | g ph   | 13            | Treath Matter P  |                                  |
| 100   | rent in  | 13            | WAS DECEASED EVER IN U.S. ARMED FORCES?   16/SOCIAL SECURITY NO   17 INFORMANT   |                                  |
| leafh<br>Thath  | e atto   |               | is, no, or (nkown) (If yes give war or dates of service) 085-03-4286 COLE RAY, 280 OAK ST., RIDGEV   | VOOD N'. J.                      |
| 44  | by the nsit permati  |               | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY:   | INTERVAL BETWEEN ONSET AND DEATH |
| 40  | ician<br>ned l<br>l-tra  | l             | 493 X DUE TO   | Belays                           |
| , Land  | phys<br>sign<br>buria<br>buria   |               | Conditions, if any, which gave rise to immediate (b)   |                                  |
| 5   | ding<br>ding<br>beer<br>the<br>or to   |               | cause (a), stating the DUE TO  |                                  |
| ) M   | atten<br>has<br>se as<br>h prid  | N             | Underlying cause last. (c) ' PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(  | a) 19. WAS AUTOPSY<br>PERFORMED? |
| Ë   | ficate or use or | FICE          | AS LANGE U.S. CONTROL OF THE CONTROL | YES MO                           |
| PHYSICIAN: The law requires that the death certificate be executed within | hospital<br>certiched f<br>pt. of  | CERTIFICATION | 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item : OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   | 18.}                             |
| AND DHY   | Page 4 may be retained by the hospital or attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre  | ■ED ■AL       | 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20f. (City or town)   (C | ounty) (State)                   |
| END   | IR. A<br>ould<br>the   |               | 21. I certify that (1) (this hospital) attended the deceased from 6 APVIL, 1966, to 3 APVI, 19   | 64, that (I) (we) fast           |
|   | reta<br>ECTO<br>3 sh<br>with   |               |  | DATE SIGNED                      |
| ä   | ay be  |               | M.D. ATTENDING MED. STAFF DIRECTOR STAFF 13/   | A) 66                            |
| O HOSPITAL  | Page 4 may be retained to FUNERAL DIRECTOR. director, page 3 should be filed with the  |               | 22c. PHYSICIAN'S NAME (Type) WALTER GOCZH MD 2390 GLENMONT CIR   | HEATUN                           |
| 2   | Pag<br>To Fi   | 23            | REMOVAL (Specify)  | 1                                |
|   | _  | 24            | FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR 250. REGISTRAR 250. REGISTRAR 250.   | AR'S SIGNATURE                   |
|   | VR A15 (4)<br>15M 4-64   | 5             | S. GANLER'S SONG, SIBOWIS AVENIUMASH D. COMPR 18 1966 golland  | er Judge                         |



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05623 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 hours after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission o. COUNTY o. STATE b. COUNTY Montgomery District of Columbia MARYLANO van papers. Pages 1 within 72 hours after c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) b CITY OR TOWN (If outside corporate I mits, c. LENGTH OF STAY IN 16 write RURAL and give neorest tawn) 4 days Washington Betnesda (rura) ≘ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled U. S. Naval Hospital 3801 Yuma Street NO E YES NAME OF Middle DATE First Lost Year DECEASED OF REICH James Edward (Type or pnnt) DEATH S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH AGE (In years lost birthdoy) Months Oovs Hours in ony WIDOWED DEVORCED Male Cauc. Aug. 4. 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR .1 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
U.S. Marine Corps INDUSTRY Winston-Salem, North Car 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remova James Alexander Reich Paulina Miller 17. INFORMANT 15 WAS OFCEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO PKWY. Wattington, D. C. (Yes, ap prunknown) (If yes give wor or dates of service) 79-60-3735 Mrs. Kathleen Cooney, 5607 Chevy Chase INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the buriol-transit p PART I. DEATH WAS CAUSED BY: **ONSET AND DEATH** Congestive heart failure IMMEDIATE CAUSE (o). DUE TO Arteriosclerotic heart disease Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse has been lost 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION Fracture pelvis NO X 20g ACCIDENT WAS UNDERLYING [7] 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) ot work of work 🔲 21. 1 certify that (1) (this haspital) attended the deceased from Mar. 28 19 66 , to Apr. 1 . 19.66, that (F) (we) las be retoined saw the deceased alive an April 1956, and that death accurred at 135PM, from causes and an the date stated above TO FUNERAL DIRECTOR: 220 SIGNATURE 22b DATE SIGNED M.D PHYS. DIRECTOR April 1. 1966 TO HOSPITAL (Page 4 may b U.S. Maval Hospital, Bethesda, Md. 22c. PHYSICIAN S S. J. Barcay, M. D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION Arlington National Cemetery Arlington, Virginia PR P 9 19 **ADDRESS** 24 FUNERAL DIRECTORY DANS VR A15 (4) 20 M 1/66 WISCONSIN AVE. Washi



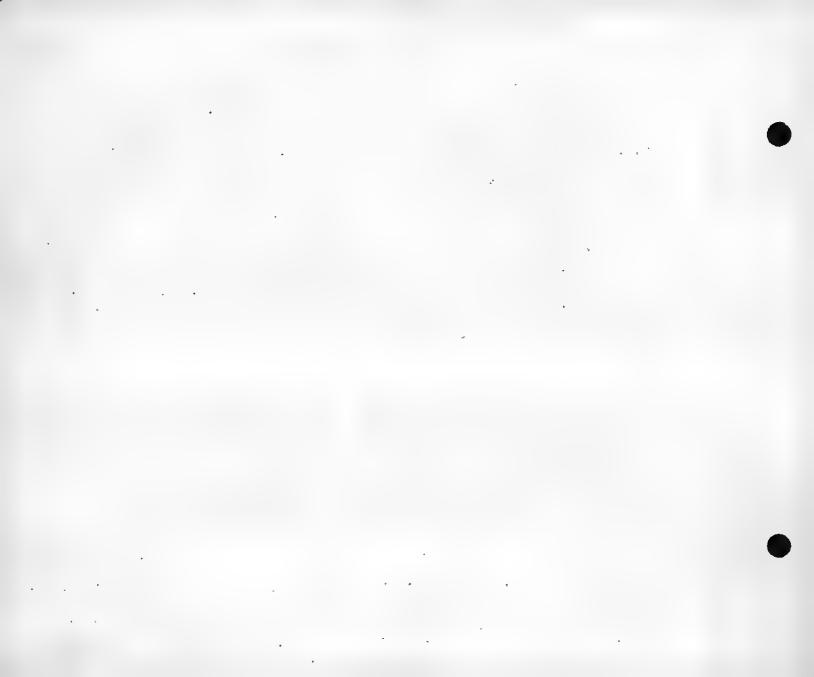
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH hours after death and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Montgomery Maryland Montgomery MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Rigdefield Rd Ridgefield Rd. (Springfield executed within NAME OF First Middle Last 4. DATE Month DECEASED (Type or print) RUTH RESSER DEATH 19 6. COLOR OR RACE DATE OF BIRTH ACE/(In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 8. 9. and c Months Hours White Female 5-11-1892 WIDOWEO [ DIVORCEO 10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT law requires that the death certificate be physicia n please ral, and COUNTRY? Housewife ennsylvania 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending ph rmit. Then remova Mary K. Alfred D. Evans Landis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 9 (Yes, no, or unknwn) (If yes pive war or dates of service) been signed by the att the burial-transit permi or to burial, cremation, c Coffey -Item #2(above) See CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND/DEATH PART I. DEATH WAS CAUSED BY: by the hospital or attending physician. IMMEDIATE CAUSE (a) emosclemi Conditions, If any, which rise to immediate **DUE TO** cause (a), stating as th underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY certificate halo for use of Health 1 The CERTIFICATI PERFORMED? 9 tes 34 NO YES I 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be de Hour a.m. Not While at work p.m. 19 at work retained 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 750 km, from the causes and on the date stated above. 2 saw the deceased alive on 22a. SICNATURE 22b. DATE SICNED OR pe page ATTENDING PHYS. Page 4 may b DIRECTOR TO FUNERAL director, pa should be fill PHYSICIAN'S 22C. 22d ADDRESS NAME (Type) Healy Michel BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) Leola. Pa. PILOVE TUNERAL DIRECTOR 4-6-1966 REC'D BY RECISTRAR 25b. RECISTRAR'S SIGNATURE .30 S VR #15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o STATE Virginia b COUNTY filled in by the fune papers. Pages 1 o thin 72 hours after d Montgomery MARYLAND c LENGTH OF STAY IN 1b c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest fawn) b. CITY OR TOWN (If outside corporate limits, Bethesda (rural) 32 days Arlington d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 3561 South Stafford Street U.S. Naval Hospital NAME OF W First Middle Last 4. DATE Manth Day carbon DECEASED OF DEATH REYNOLDS 11 Frank Faries April 19 (Type or print) SEX 8 DATE OF BIRTH 9 AGE (In years IF JINDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED TOX NEVER MARRIED Jast birthdoy) Oct. 29, 1890 DIVORCED Male Cauc WIDOWED 10o USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY COUNTRY? Clayton, Delaware 14. MOTHER'S MAIDEN NAME physigen pl 13. FATHER'S NAME burial, crematían, ar removal Frank Lincoln Reynolds Laura Faries St. Arlington, Va. 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, an or unknown) (If yes give wor of dates of service) Mrs. Clarita C. Reynolds, 3561 S. Stafford/ 46 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) ) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH Bronchogenic carcinoma with metastases IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove (b) rise to immediate cause (a), DUE TO ed far use as the b t. af Health priar ta b stoting the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) this certificate has YES TA NO F 20o ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or tawn) (Stote) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Harne, form, (County) factory, street, affice bldg., etc.) Nat While at work 21. I certify that \$1) (this haspital) attended the deceased from March 10 , 1966, to April 11 , 1966, that (1) (we) las saw the deceased alive an April 11 19.66, and that death accurred at 1034RM, from causes and an the date stated above DIRECTOR: 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR STAFF PHYS. April 12, 1966 PHYS 22d ADDRESS NAME (Type) Francis C. Johnson, M. D. TO FUNERAL U. S. Naval Hospital, Bethesda, Md. director, shauld by 23d. LOCATION (City or Town) 23a BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Washington, D. C. 4-13-66 Lees Crematory uneral Home, 520 South Washington St FUNERAL-DIRECTOR 2So REC'D BY REGISTRAR 256 DEGISTRAR'S SIGNATURE Charley

Alexandria Va

VR A15 (4) 20 M 1/66



| 210%  | MARYLAND STATE DEPARTMENT OF HEALTH  Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH |  |   |  |  |
|---|---|--|---|--|--|
| $\sim$ $(M)$  |   | 05626 Item 2 F1  | CERTIFICATE   | OF DEATH   | 05692  |
| campletely filled in by the funeral base carban papers. Pages 1 and by event, within 72 haurs after death | L   | COUNTY  OCUPY  O | MARYLAND  c LENGTH OF STAY IN 16  |  | b. COUNTY  |
| filled in by popers. Phou   |   | A NAME OF HOSPITAL OR INST TUTION (If not in hospital  | /   | d Street ADDRESS 4605 High   | Chase  Sto On A FARM? YES NO X   |
| e executed within 24 and campletely filled in remove carban paper n'any event, within 72                  | 5   | F Cace WIDOWE US JAL OCCUPATION (Give kind of work done 10b  | D DIVORCED DIVORCED KIND OF BUSINESS OR   | Lost OF DEATH  DATE OF BIRTH  P AGE (In y lost birth  2 / 20 / 73  11. BIRTHPLACE (County & Stole, or foreign countr           | doy) Months Doys Hours Min.  y) 12. CITIZEN OF WHAT                                    |
| te death certificate b<br>attending physician<br>permit. Then please                                      | 13  | FATHER'S NAME  CHARLES T. GRIMES   | NOUSTRY<br>RETIRED  | MARYLAND  14. MOTHER'S MAIDEN NAME  MARY E. PYLES  FORMANT   | Address WASHINGTON D.C.  |
| equires that the physician. signed by the burial transit burial, cremat                                   |   | 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  Conditions if ony, which gove inse to immediate cause (a), stoting the underlying cause  DUE TO  (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION   | TERIOSCEROSIS   | EUMONIA<br>STHYROIN TUMOR  | INTERVAL BETWEEN ONSET AND DEATH PHILL CRAPLA 3423                                     |
| <b>2</b> € ∓ ⊕ <u>2</u>   | MEDICAL CERT FICATION   | 20o ACCIDENT WAS UNDERLYING ☐ 20b OR CONTRIBUTING ☐ (AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  | DESCRIBE HOW INJURY OCCURRED. (I  INJURY OCCURRED 20e. PLACI iile Not While focto | Enter nature of injury in Port I or Port II of item  E OF INJURY (Home, form, 20f. (City or to ny, street, office bldg., etc.) | PERFORMED?  YES NO (4)   |
| TAL OR ATTENDING nay be retained by the AL DIRECTOR: After i page 3 shauld be defiled with the State      |   | 21. I certify that (I) (this haspital) atters as we the deceased alive an 4 S  220. SIGNATURE  220. PHYSICIAN'S NAME (Type)  | ended the deceased fram   | ATTENDING MED. STAF  | causes and an the date stated above.   |
| TO HOSPITAL Page 4 may See 170 FUNERAL   See 3 director, page 8 shauld be file                            |   | BURIAL (REMATION, 23b DATE THEREOF PROVAL (Specify) BUT 1 21 FILINERAL DIRECTOR  SEPH AUCERS   | Fort. L1 ncoly  ADDRESS  ADDRESS  | Cometen Prince   | y or Town) (County) (Stote)  Georges Co Md  25b. REGISTRAR'S SIGNATURE  Glavley Judge. |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. and 1. PLACE OF DEATH
a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission) b. COUNTY Montgomery Montgomery Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 1b Bethesda 4 Months Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) eg d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 9512 Seddon Court 9512 Seddon Court NO IX YES within and completely remove carbon NAME OF First Middle DATE Month Year DECEASED 널 MARTON CLAUDE RISER April (Type or print) 6 66 DEATH 19 executed 9. ACE (In years | IF UNDER 1 YEAR HE UNDER 24 HRS. | Bast birthday) | Months | Days | Hours | Min. 946 5. SEX 5. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED White Male WIDOWED DIVORCED [ ing physician Then please n 10a. USUAL OCCUPATION (Cive kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) law requires that the death certificate be during most of working life, even if retired) COUNTRY? Clergyman Retired S. South Carolina 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova James H. Riser Elizabeth Etheredge ed by the attend transit permit. cremation, or ri 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Daughter Address (Yes, no, or unknwn) (If yes give war or dates of service) Same as Item 2 Mrs. Mary R. Schaeffer 18. CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c), ] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) attending physician, been signed I the burial-trai or to burial, cre 420 DUE TO Conditions. If any, which gave rise to immediate **DUE TO** (a), stating the underlying cause last. 38 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? certificate NO K YES I 20a. ACCIDENT WAS UNDERLYING F 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work v 21. I certify that ((1))(this hospital) attended the deceased from DIRECTOR: age 3 should lied with the and that death occurred at S. M. from the causes and on the date stated above. saw the deceased alive on: 22a. SICNATURE ATTENDING PHYS. page DIRECTOR M.D. PHYS. may FUNERAL HOSPITAL director, p PHYSICIAM'S 22d. ADDRESS NAME (Type) ALFRED NORTON Dr. Bethesda. m) Dwight 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Hurial-transit 4-7-66 Rosemont Cemetery Newberry 24. FUNERAL DIRECTOR DEC'D BY RECISTRAR Α. Bethesda, Marylan VR #15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 5625 funeral 24 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Montgomery the Maryland es Jafte Washington MARYLAND b. CITY OR TOWN (if cutside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Page Gaithersburg 1 Month Hagerstown Maryland filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) John papers. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Pleasant View Nursing Home Bethel Street NO S YES t completely in carbon p executed within NAME OF First Middle Last DATE Month Day Year DECEASED OF DEATH (Type or print) David Lewis Robinson April 19 66 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months e remove in any Days Hours Male Colored Sept WIDOWED DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT been signed by the attending physiclan the burial-transit permit. Then please nor to burial, crastion, or removal, and in HoteL that the death certificate be Martinsburg W. Va 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David H. Robinson Sallie E. Banks 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes give war or dates of service)] 16. SOCIAL SECURITY NO. 17. INFORMANT Address no 40-9561 Mrs. Genevieve R. McClain 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO this certificate has been detached for use as the e Dept, of Health prior to cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) TO FUNERAL DIRECTOR: After the director, page 3 should be det showld be filed with the State D factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from 19 ( C. and that death occurred at 8 JoM, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED director, page Should be filed y STAFF M.D. DIRECTOR PHYS. Page 4 may 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION.I 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) Cemeterv Md. urial Rose Hill FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE 25b. VR A15 (4) 15M 4-64



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREM, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edm ssion) . COUNTY MONTGOMERY a. STATE MARYLAND b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 ES DA WASHINGTON 16. 21. DAYS BROOKMONT. MD. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? RESMOR SANITARIUM & HOSPITAL 4006- 62nd STREET YES NO Y 3. NAME OF 4. DATE Middle DECEASED ROSA ROGERS (Type or print) 19 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) SEPT. 5, Months Days 1879 DIVORCED TO WIDOWED " 10e. USLAL OCCUPATION (Give kind of work 10b Kit OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U-S-A-Dept. Store CAROLINA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY ELIZABETH PATRICK SOCIAL SECURITY NO | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give war or dates of service) Mrs. Hazel Brookmont, B. Kyber, 4006 62nd St. Wash, D.C. 1 INTERVAL BETWEEN 578-03-2463/ 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO rimary in Cecem Conditions, if any, which gave rise to immediate cause DUF TO (e), stelling the underlying cause last. PART I. OTHER SIGNIFICAND CONDITIONS CONTRIBUTING TO DEATH BUTTYOF RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) 19. WAS AUTOPSY Rimorary 12 200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert I of item 18 ) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (State) Month, Day, Year factory, street, office bldg., etc.) \_Not While While Hour em. al work al work That 21. I certify that (I) (this hospital) attended the deceased from... 3 35 19 What death occured at 1M, from the causes and on the date stated above. saw the deceased alive on.... 22b. DATE 7220 SIGNAPURE 6/66 SIGNED DIRECTOR PHYS. FUNERAL HOSPITAI 22d ADDRESS CANTOR NAME (Type) AUL Da Montgomery Lane, Bethesda, Md. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) P G Cedar H ill Cemetery | Suitland, M d. 0 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Joseph G awler ADDRESS VR A15 (4) ons 15M 7/61

DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 05630 CERTIFICATE OF DEATH funeral and 2 and 2 death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY rbon papers. Pages 1 sty within 72 hours after d b. COUNTY Montgomery Pennsylvania MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 182 days Elkins Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS The Clinical Center, Bethesda, Maryland 841 Jenkintown NO TX YES completely be carbon p executed within 3. NAME OF First Middie Last DATE Month Day Year DECEASED (Type or print) DEATH Morton Alexander Rosenfeld April 19 5. SEX 6. COLOR OR RACE 7. MARRIED R NEVER MARRIED 8. DATE OF BIRTH AGE (In Years; IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months | Davs Hours Male White WIDOWED OIVORCED 10 January 1923 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) ician death certificate be COUNTRY? ease Sales Manager Metal stand company Connecticut USA physic a ◛ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending permit. Then Sarah Marcus Samuel Rosenfeld 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANThe Medical Record permit. ö (Yes, no, or unkown) (If yes give war or dates of service) 1941-45 Yes cremation, Unascertainable The Clinical Center, Bethesda, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] INTERVAL BETWEEN burial-transit burial, cremat ONSET AND DEATH ò PART I. DEATH WAS CAUSED BY: attending physician. Pericarditis and myocarditis IMMEDIATE CAUSE (a) signed THEXTO Bilateral pneumonitis 10 davs Conditions, if any, which (b) been : gave rise to immediate as the prior to DUE TO cause (a), stating Acute myelogenous leukemia 13 months underlying cause last, After this certificate has be detached for use as State Dept, of Health prior CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? the hospital or YES X NO 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After While Not While be retained by at work at work 21. I certify that 04 (this hospital) attended the deceased from 13 October 1965, to 13 Arril 1966, that 10 (we) last TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the pluods the 19 66 and that death occurred at 1245M, from the causes and on the date stated above. 13 April saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. [X] 14 April 1966 PHYS. DIRECTOR 4 may PHYSICIAN'S The Clinical Center, National NAME (Type) of Health, Bethesda, Maryland BURIAL, CREMATION, 23b. DATE THEREOF LOCATION (City, town or county) REMOVAL (Specify) BUCKS Ouria REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 9"ST. WASh. D.C. VR A15 (4) 15M 4-64

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| 1 PM   |               | MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND   |            |
|--|---------------|---|------------|
| # 50 F   | 1             | CERTIFICATE OF DEATH 155829   |            |
| deal<br>and<br>deal  | 1.            | PLACE OF DEATH  a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admit a. STATE b. COUNTY  MARYLAND  MARYLAND  | Ission     |
| th the   | -             | b. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest  | towr       |
| 8 25 E   | 5             | SILVER SPRING   |            |
| 24 hour filled in 2apers.  | 1             | d. NAME OF HOSPITAL OR INSTITUTION Hynot in hospital, give street eddress)  d. STREET ADDRESS  ON A FAR   | ENC<br>RM? |
| thin 2 tely fill your pal  | 14            |   | 0 🗘        |
| - o  | 3.            | NAME DE DECEASED  (Type or print)    A   A   DATE   Month   Day   Year   DECEASED   DEATH   A   DEATH | 34         |
| and complement and co | 5.            | SEX   6. COLOR OR RACE   7. MARRIED   8. DATE OF BIRTH   9. AGE (In years   FUNDER 1 YEAR   FUNDER 2  | 4 HR       |
| and equence remove   | 1/            | EVITALE WILLIAM DIVORCED S/31/1894 7 yrs.   | Milli      |
| physician<br>n please  | đưi           | ring most of working lite, even if retired)   INDUSTRY   CDUNTRY?   |            |
| physical phy | 13            | HOUSEWIFE AT HOME BALTIMORE, MARYLAND USA D. FATHER'S NAME 14. MOTHER'S MAIDEN NAME   |            |
| certificate be elding physician Then please removal, and in  |               | LOUIS JACOBS ROSE PRICE   |            |
| uires that the death certifica<br>g physician.<br>en signed by the attending ph<br>burial-transit permit. Then<br>burial, cremation, or removal  | 15<br>(Ye     | 6. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 3938 LANTERN DRIVE   |            |
| dea<br>he a<br>per<br>tion   |               | MR. ABRAHAM ROSENTHAL SILVER SPRING MD  18. CAUSE OF DEATH [Enter only one cause per ling for (a), (b), and (c).]  INTERVAL BETW  | VEEN       |
| t the an. by I ansit   |               | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PESPIR DOOR Y & BILLIRG DISET AND DEL  | 列          |
| ysicii<br>gned<br>gned<br>ial-tr<br>ial, c   |               | Conditions if any which I   |            |
| requires<br>ding phy<br>been sig<br>the buri<br>ir to buri   |               | gave rise to immediate (b)  |            |
| faw requir   |               | cause (a), stating the DUE TD Underlying cause last. (c) ARTER (05 CLGK 05/5)   | 2          |
| he law<br>or atten<br>ore has<br>use as<br>alth prio   | TION          | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME  |            |
| spital or at<br>ertificate hed for use<br>of Health  | CERTIFICATION | YES NO  |            |
| PHYSICIAN: The law requires that the hospital or attending physician, this certificate has been signed by detached for use as the burial tran is Dept. of Health prior to burial, cre  |               | 20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |            |
| PHYS<br>the I<br>this<br>detace<br>e Dej   | MEDICAL       | 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, Part White Hour a.m. (White Not White Factory, street, office bldg., etc.) (Clty or fown) (County)  | te)        |
| Stat   | ME            | p.m. 19 at work at work   |            |
| ained<br>ained<br>OR: A<br>sould<br>the  |               | 21. I certify that (I) (this-hospital) attended the deceased from 19 to 4/2, 19 c, that (I) (we) saw the deceased alive on 19 and that grath occurred at 19 m, from the causes and on the grate stated at   |            |
| OR ATTENDIN be retained to DIRECTOR: Aff ge 3 should be ed with the Si   |               | 22a. SIGNATURE 22b. PATE SIGNED   | /          |
| ay bo  |               | ATTENDING MED. STAFF DIRECTOR PHYS. 122d. ADDRESS  22c. PHYSICIAN'S   |            |
| TO HOSPITAL OR ATTEND<br>Page 4 may be retained<br>TO FUNERAL DIRECTOR, A<br>director, page 3 should<br>should be filed with the   |               | NAME (Type) HARVED STERANGED 1352 CNIS/BLVD   |            |
| Page<br>Page<br>Fur<br>direction   | 238           | DEMOVAL (Specify)   | e)         |
| PP   | 24            | BURIAL 4/28/66   JEWISH WAR VETERANS MEMORIAL NOSLUALE, MARYLAND  |            |
| VR AIS (4)   |               | LEVINSON & BROS. INC. 6010 REISTERSTOWN ROAD APR 28 1966 Charles Judge  |            |
| 20M 1/65   | j             | TORIE W   |            |



| AND DESCRIPTION OF THE PERSON NAMED IN COLUMN | 117  | 1             | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND   |                                       |  |  |
|---|--|---------------|--|---------------------------------------|--|--|
| 1   |  | - 0           | CERTIFICATE OF DEATH   | 05090                                 |  |  |
| ath.  | by the funeral<br>Pages 1, and 2<br>urs affer death.   | -             |  | ecidance before admicsión)            |  |  |
| ä   | 重 8 g M  | 1.            | a. COUNTY D. COUNTY V:   |                                       |  |  |
| fter  | es a   | <i>X</i> —    |  | and give nearest town)                |  |  |
| 50<br>00                                      | Page<br>Irs  |               | write RURAL and give nearest town)   | Bild gird hourdst town,               |  |  |
| hours after meath                             | 는 Si Si  | -             | Bethesda 41 days Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS  | e. IS RESIDENCE                       |  |  |
| 24  | filled in by the papers. Page him 72 hours a   | The           | ne Clinical Center, Bethesda, Maryland 8504 Tahoma Drive   | ON A FARM?                            |  |  |
| 돌   | - A  | 13.           | NAME OF First Middle Last 14. OATE Month   | Oay Year                              |  |  |
| exmouted mithin                               | agg.   | V             |  | 21 1966                               |  |  |
| ted   | e ve Com   | 5.            | CTOPO or print)  Henry (none) Rosenthal BEATH April  SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. OATE OF BIRTH 9. AGE (in years if UNDER Months) Months   | 1 YEAR IF UNDER 24 HRS.               |  |  |
|   | any  |               | Male   White   Widowed   January 22, 1892   76 yrs.  |                                       |  |  |
|   | in e an  | 10<br>du      | a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country)   12. C  | ITIZEN OF WHAT<br>OUNTRY?             |  |  |
| aii<br>60                                     | rsici<br>leas<br>and   |               | Auditor unascertainable New York U   | J.S.A.                                |  |  |
|   | phy<br>n p   | 13            | FATHER'S NAME 14. MOTHER'S MAIDEN NAME   |                                       |  |  |
| ŧ   | ding<br>The  |               | Issac Rosenthal Fannie Wien  5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANITAL MARKET PARTY NO.   Address  |                                       |  |  |
|   | nit.   | - K           | es, no, or unkown) [(If yes give war or dates of service) I TO I TOULCAL RECORDS   |                                       |  |  |
| d at  | e al<br>perr<br>ion,   |               | yes   World War I   579-28-6940 The Clinical Center, Bethesda, Ma  | TINTERVAL BETWEEN                     |  |  |
| e<br>e  | Sit<br>mat   |               | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:   LITTURE CO. 3  | ONSET AND CEATH                       |  |  |
| Ī   | tran<br>tran   |               | IMMEDIATE CAUSE (a) 1199-110-110-1111  | 3 days                                |  |  |
| =   | ign<br>rial<br>rial  |               | Conditions, If any, which by Chronic Lymphocytic Leukemia  | 6 years                               |  |  |
| ū   | 6 Du   |               | gave rise to immediate (   |                                       |  |  |
| Ĕ   | a the  |               | cause (a), stating the underlying cause last. (c)  |                                       |  |  |
| 38  | atte<br>has<br>e as<br>h pr  | 20            | PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  | 19. WAS AUTOPSY<br>PERFORMED?         |  |  |
| <u>=</u>                                      | or<br>cate<br>r us   | SA            |  | YES X NO                              |  |  |
| ź   | of fright  | CERTIFICATION | 20a. ACCIDENT WAS UNDERLYING   20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18 OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  | J.)                                   |  |  |
| 2   | host<br>che<br>pt.   |               |  |                                       |  |  |
| Ä   | Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon is should be flied with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, with | MEDICAL       | 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town)   (Continue)   20f. (City or town)   20f. ( | unty) (State)                         |  |  |
| 2   | be Stat  | N N           |  |                                       |  |  |
|   | R: A<br>build<br>the   |               | 21. I certify that 10 (this hospital) attended the deceased from March 11, 1966, to April 21, 196  | 6., that (b) (we) last                |  |  |
|   | S S S S S S S S S S S S S S S S S S S  |               | saw the deceased alive on April 21 1966, and that death occurred at 3:55M, from the causes and on the saw the deceased alive on April 21 1966, and that death occurred at 3:55M, from the causes and on the saw the deceased alive on April 21 1966, and that death occurred at 3:55M, from the causes and on the saw the deceased alive on April 21 1966, and that death occurred at 3:55M, from the causes and on the saw the deceased alive on April 21 1966, and that death occurred at 3:55M, from the causes and on the saw the deceased alive on April 21 1966, and that death occurred at 3:55M, from the causes and on the saw the deceased alive on April 21 1966, and that death occurred at 3:55M, from the causes and on the saw  | The date stated above.<br>Date signed |  |  |
| <b>*</b> **                                   | be 38 3 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9  |               | LESS GRANDING  | April 1966                            |  |  |
|   | AL I   | 1             | 22c. PHYSICIAN'S   22d. ADDRESS The Clinical Center  |                                       |  |  |
| -   | A MER<br>TO DE   | ' ]           | NAME (Type) Alexander Levitan, M.D. Institutes of Health, Pethese  |                                       |  |  |
| 1   | Page<br>direction  | 23            | DEMOVAL (Specify)  |                                       |  |  |
| F   | 1  |               | Burial A/24/66 King David Mem. Garden Fairs Church,  |                                       |  |  |
|   |  |               | 3501 14th St., N. W.   | 3 SIGNATURE                           |  |  |
|   | /R #15 (4)<br>20M 1/65   | <u> </u>      | Bernard Danzansky & Sons Wash., D. C. ARR 25 1966 golden   | Judge                                 |  |  |
|   |  |               |  | U                                     |  |  |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after Montgomery Pennsylvania MARYLAND b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL and give nearest town) 42 days Bethesda Uniontown Ξ, d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? The Clinical Center. Bethesda, Maryland Route # 2, Box 368 NO X YES etely executed within NAME OF DECEASED Middle 4. DATE Month Robert Richard Ross April 19 66 CORT (Type or print) DEATH 16. n any even 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX DATE OF BIRTH 7. MARRIED NEVER MARRIED X lest birthday) Months | Days White Male WIDOWED DIVORCED [ January 1943 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN DF WHAT 11. BIRTHPLACE (County & State, or foreign country) ysician death certificate be INDUSTRY and Ohio Construction Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME геточа Anna May Stanley Thomas Ross 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SDCIAL SECURITY NO. 17. INFORMANT The Medical Record 0 (Yes, no, or unkown) (If yes nive war or dates of service) Unascertainable The Clinical Center, Bethesda, Md. 20014 cremation, No the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH signed by Epistaxis secondary to thrombocytopenia PART I. DEATH WAS CAUSED BY: 43 davs IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which Acute Myelogenous Leukemia 23 months (b) been gave rise to immediate DUE TO cause (e), stating the underlying cause last. this certificate has (c) CERTIFICATION PART 1), OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES X NO 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part 1 or Part 11 of Item 18.) Jo. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour e.m. Not While at work at work 21. I certify that & (this hospital) attended the deceased from March 5, 19 66 to April 16 19 66 that \$ (we) last FIRST 4 may II mtained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 19 66, and that death occurred a 9:55 M, from the causes and on the date stated above. saw the deceased alive on April 16. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. STAFF PHYS. 2 16 April 1966 M.D. 22d. ADDRESS The Glinical Center, National Zbar, M.D. PHYSICIAN'S NAME (Type) Institutes of Health, Bethesda, Maryland 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY White Rock Cemetery Fairchance, Penna. 4-17-60 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Bethesda, Maryland VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 5634 CERTIFICATE OF DEATH executed within 24 hours after death the funeral Pages I and irs after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) 1. PLACE OF DEATH o. COUNTY 72 hours after b CITY OR TOWN (If outside corparate CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and IS RESIDENCE ON A FARM? papers. d STREET ADDRESS in hospital, give street address) NO C and in ally event, within NAME OF Aiddle DATE Month leose remove corbon Doy Year DECEASED (Type or print) OF DEATH 2: IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE AGE (In years 7 MARRIED NEVER MARRIED lost purthday) Months Doys Hours DIVORCED TOB KIND OF BUSINESS OR 12. CITIZEN OF WHAT 100 JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? INDUSTRY requires that the death certificate N one 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME buriol, cremotian, or removal, 17 INFORMANT Address 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no orunknown) (If yes give wor or dotes of service) Mr. George Giller Same as 2 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN signed by the burial-tronsit p PART 1. DEATH WAS CAUSED BY ORONARY IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or attending physicion. DUF TO Conditions, if any, which gove PRIERIOSCLEROFIC CARDIOVASCULA rise to immediate couse (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the directmr, page 3 should be detached for use as the should be filed with the State Dept. of Health prior ta WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) TIME OF INJURY Month, Day, Year factory, street, office bldg , etc.) Hour o m Not While 19 ot work 220. SIGNATURE 22b. DATE SIGNED ATTENDING M.D PHYS DIRECTOR 22c. PHYSICIAN'S NAME (Type) 20012 LASHAGION BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) (County) Burial (Specify) 4-27-1966 Cypress Hills Cemetery Brooklyn. 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1766



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE hours after Mont gomery
b. CITY OF TOWN (if outside corporate limits, write RURAL and give nearest town) Maryland Montgomery

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND C. LENGTH OF STAY IN 1b stely filled in by the bon papers. Page within 72 hours a Bethesda Bethesda 58 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? The Clinical Center, Bethesda, Md. 20014 5212 Danbury Road YES NO X etely 3. NAME OF DECEASED 4. DATE Month (Type or print) Parker DEATH April 19 66 Russel l Jane executed 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED ACE (In Years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months | Hours WIDOWED [ DIVORCED | 1 March 1924 White Female 10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR UNDUSTRY 11. BIR I HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be COUNTRY? U.S.A. Housewife None Connecticut 13. FATHER'S NAME MOTHER'S MAIDEN NAME Benjamin Parker Florence Moore 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. | 17. INFORMANT The Medical Record (Yes, no, or unkown) (If yes give war or dates of service) Not Available The Clinical Center, Bethesda, Md. 20014 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN pleural . ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bilateral pneumonia with hemorrhagic effusions 10 days (b) Acute Myelogenous Leukemia Cenditions, If any, which 4 months gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO I YES V 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, I (State) (County) factory, street, office bldg., etc.) Hour a.m. at work at work 21. I certify that (It (this hospital) attended the deceased from February 23, 1966, to April 22 19.66, that N) (we) last 22 19 66, and that death occurred at 7:19, from the causes and on the date stated above. saw the deceased alive on April 22a. SJCNATURE 22b. DATE SIGNED ATTENDING 23 April 1966 130 M.D. PHYS. Ba TO FUNERAL PHYSICIAN'S 22d. ADDRESS The Clinical Center, National director, p NAME (Type) Institutes of Health, Bethesda, Md. 20014 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 1 23b. DATE THEREOF REMOVAL (Specify) Spring Grove Cem. Darien. Conn. Burial-transit FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR I 25b. RECISTRAR'S SICNATURE Bethesda, Maryland VR A.15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 5626 funeral and 2 hours after death. and deat) 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY Pages 1 urs after Montgomery District of Columbia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b. on papers. Pag within 72 hours write RURAL and give nearest town) Rockville = d. STREET ADDRESS filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? Resmor Sanitarium Sheraton Park Hotel NOTE completely carbon executed within 3. NAME DE Middle DATE Year Month DECEASED event, (Type or print) M. Cora Ruth DEATH Anril se remove 6. COLOR OR RACE | 7. MARRIEO OATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS NEVER MARRIEO last birthday) Months Oays Hours Female DIVORCEO Caucasian WIDOWED 10a. USUAL OCCUPATION (Give kind of work done i 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician n please val, and li during most of working life, even if retired)
Housewife COUNTRY? Home Illinois USA death certificate 13. FATHER'S NAME MOTHER'S MAIOEN NAME attending pharmit. Then геточа Christian Walker Geheber Ra. 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT 9422s Locust (Yes, no, or unkown) ((If yes pive war or dates of service) No Robert W. Ruth. Son Bethesda the 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. lal-transit ONSET AND DEATH signed by PART I. CEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) certificate has been signe hed for use as the burial-t t. of Health prior to burial, DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT WAS AUTOPSY PERFORMED? CERTIFICAT abdomina 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part | or Part || of Item 18.) be detached for State Dept. of director, page 3 should be detact should be filed with the State Depi MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While at work Not While p.m. at work 21. I certify that (I) (this hospital) attended the deceased from 19 and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE? ATTENOING PHYS. MED M.O. DIRECTOR PHYSICIAN'S ADDRESS NAME (Type) BURIAL, CREMATION, 23b. REMOVAL (Specify) OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Arlington National Burial Cem. Arli 24. FUNERAL DIRECTOR AOORESS REC'O BY REGISTRAR Joseph Gawler's Sons, Inc., Wash. VR A15 (4) 20M 1/65

SERVICE LAND TOTALORJELY all stall to say that -KILIMIOON 71 Pac. (1) facol dare mounts to the standard ments \$100 mg = 1000 m end 1771 shell a Literano E . No this was as a street of the state of AND CONTRACTOR OF DESCRIPTION OF LES SECTION OF LESSON The state of the s